College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
de l'Ontario

Agenda

Meeting of Council

Friday, December 8, 2017
0900 hours — 1600 hours
CMRTO Council Room

NOTE: In reviewing the material for this meeting, if you become aware that you have a conflict of interest with any item on the agenda or are concerned that you may have a conflict of interest with any item on the agenda, you are asked to please contact Linda Gough or the Chair of the Committee immediately.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Agenda

Meeting of Council

Friday, December 8, 2017
0900 hours — 1600 hours
CMRTO Council Room

Item	By	Page#	Time
1. Call to Order	W. Rabbie		0900 hrs
a. Approval of the agenda			
b. Review of Roles & Responsibilities of Council			
i. CMRTO Policy 2.11, Roles & Responsibilities of the Council, effective date June 19, 2014, last reviewed September 2017		1 – 5	
ii. CMRTO Policy 2.12, Code of Conduct for Council and Committee Members, effective date September 23, 2014, last reviewed September 2017		6 – 9	
2. Declaration of Conflict of Interest			
3. Minutes of the previous meeting	W. Rabbie		
a. September 26, 2017			
i. Minutes of meeting of Council held on September 26, 2017		10 – 25	
ii. In Camera Minutes of the meeting of Council of September 26, 2017 – Agenda item 6a: Diagnostic Medical Sonographers (to be circulated at the meeting)			

b. October 20, 2017

i.	Minutes of meeting of Council held on October 20, 2017	26 – 31

4. Financial

a. Finance and Audit Committee Report — J. Neadles

i.	Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated November 10, 2017, regarding 'Report from Finance and Audit Committee'	32
ii.	CMRTO Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014, last amended September 26, 2017	33 – 35

b. Financial Report for Q3 2017 — J. Neadles

i.	Report to Council from the Finance and Audit Committee, dated November 10, 2017 regarding 'Financial Report to Council for Q3 2017 (July 1 – September 30, 2017)', with the following attachments:	36 – 40

- CMRTO Summary of Statement of Revenue & Expenses for the period ending September 30, 2017
- Balance Sheet as at September 30, 2017
- Capital Budget and Expenditures Schedule for the period January 1, 2017 to September 30, 2017

c. Investment Report for Q3 2017 — J. Neadles

i.	Report to Council from the Finance and Audit Committee, dated November 10, 2017 regarding 'Investment Report to Council for Q3 2017 (July 1 – September 30, 2017)', with the following attachment:	41 – 42

- CIBC Wood Gundy, Portfolio Evaluation as of September 29, 2017

5. Strategic Plan & Reports — W. Rabbie

a. CMRTO Strategic Plan

i. CMRTO 2017 – 2021 Strategic Plan, Commitment to Regulatory Excellence, approved by Council December 9, 2016 — 43 – 61

b. Balanced Scorecard Report — L. Gough

i. CMRTO Draft Dashboard: Q3 2017 — 62

6. For Decision

a. 2018 Operational Plan — L. Gough

i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017 regarding '2018 Operational Plan' — 63

ii. 2018 Operational Plan, Commitment to Regulatory Excellence, Draft 2, dated November 9, 2017 — 64 – 76

b. CMRTO Staff Salary Ranges — W. Rabbie

i. Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017 regarding 'Salary Ranges' — 77

ii. Report to Council from the Executive Committee, dated November 23, 2017 regarding 'CMRTO Salary Ranges' — 78 – 79

c. 2018 Budget and 2018 - 2020 Financial Plan — J. Neadles

i. Report to Council from the Finance and Audit Committee, dated November 10, 2017, regarding '2018 Budget and 2018 – 2020 Financial Plan' — 80 – 81

ii. Draft CMRTO 2018 Budget, dated December 8, 2017 — 82 – 83

iii.	Draft CMRTO 2018 - 2020 Financial Plan, dated December 8, 2017		84 – 85
d.	**QA Program**	S. Willson	
i.	Report to Council from Sandra Willson, Chair, Quality Assurance Committee, dated October 2, 2017, regarding 'Quality Assurance Assessments for 2018'		86 – 89
ii.	CMRTO Policy 7.1, Quality Assurance Portfolio: Percentage of MRTs, effective date March 27, 2015		90
iii.	CMRTO Policy 7.2, Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs, effective date March 27, 2015		91
iv.	CMRTO Policy 7.3, Random selection without replacement, effective date March 27, 2015, amended date December 8, 2015		92 – 93
v.	Ontario Regulation 375/12 made under the *Medical Radiation Technology Act, 1991* (General)		94 – 98
e.	**Diagnostic Medical Sonographers**	W. Rabbie	
i.	Briefing note to Council from Linda Gough, Registrar & CEO, dated November 17, 2017, regarding 'Regulation of diagnostic medical sonographers'		99
ii.	CMRTO publication, DMS Updates # 3, entitled 'Bill 160', dated October, 2017		100 – 101
iii.	Record of attendees at CMRTO workshops, last updated November 8, 2017		102
iv.	Ontario Regulation made under the *Medical Radiation Technology Act, 1991*, Amending O. Reg. 866/93 (Registration), dated November 6, 2017		103 – 108
v.	CMRTO Survey on the Revised Standards of Practice, printed November 8, 2017		109 – 168

vi.	Email to Denise Cole, Assistant Deputy Minister, Health Workforce Planning & Regulatory Affairs, Ontario Ministry of Health & Long-Term Care from Linda Gough, Registrar & CEO dated November 23, 2017, regarding the next steps on regulation of diagnostic medical sonographers		169 – 170
f.	**Bill 160**	W. Rabbie	
i.	Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy Branch, MOHLTC dated September 27, 2017, regarding 'OHFDA Introduced in the legislature'		171 – 172
ii.	Email to Linda Gough, Registrar & CEO from Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, dated September 27, 2017, regarding 'Introduction of Strengthening Quality and Accountability for Patients Act, 2017'		173
iii.	MOHLTC News Release entitled 'Strengthening Quality and Accountability for Patients Act, 2017', dated September 27, 2017		174 – 177
iv.	The Medical Radiation and Imaging Technology Act, 2017, Schedule 6 of Bill 160, Strengthening Quality and Accountability for Patients Act, 2017, 1st Reading September 27, 2017		178 – 181
v.	Excerpt from 'Bills Current Session, Legislative Assembly of Ontario', Bill 160, Strengthening Quality and Accountability for Patients Act, 2017, printed October 30, 2017		182

vi.	Email exchange between Linda Gough, Registrar & CEO and Tanzima Khan, Procedural Services Assistant, Standing Committee on General Government, dated October 31, 2017, regarding 'CMRTO request to speak to Standing Committee on General Government regarding Bill 160'		183 – 184
vii.	Email exchange between Linda Gough, Registrar & CEO and Tanzima Khan, Procedural Services Assistant, Standing Committee on General Government, dated November 17, 2017, regarding 'Bill 160 – Confirmation of Appearance'		185 – 186
viii.	Submission to the Standing Committee on General Government re: Bill 160, *Strengthening Quality And Accountability for Patients Act, 2017;* Schedule 6, *Medical Radiation And Imaging Technology Act, 2017*, made by the College of Medical Radiation Technologists of Ontario, November 20, 2017		187 – 193
ix.	Report to Council from Linda Gough, Registrar & CEO, dated November 20, 2017 regarding 'Oral submission to the Standing Committee on General Government: Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*; Schedule 6, *Medical Radiation and Imaging Technology Act, 2017*'		194 – 196

7. Discussion — W. Rabbie

a. Ontario Fairness Commissioner

i.	Presentation by Mr. Grant Jameson, Fairness Commissioner	G. Jameson	1430hrs
ii.	News from the Office of the Fairness Commissioner, September 2017		197 – 199

b. HPRAC

i.	Letter to Mr. Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council from Dr. Eric Hoskins, Minister, MOHLTC, dated October 17, 2017, regarding the services and supports for children and youth with Autism Spectrum Disorder through the new Ontario Autism Program (OAP)	200 – 201

c. MOHLTC IPAC Knowledge Translation and Exchange Working Group

i.	Email exchange between Linda Gough, Registrar & CEO and Janu Sritharan, Senior Policy & Program Advisor, Infectious Disease Policy & Programs Unit, Disease Prevention Policy & Program Branch, MOHLTC dated October 3, 2017, regarding 'Opportunity for participation – Infection Prevention and Control Working Group'	202 – 204

d. MOHLTC Taskforce for the Development of Standards for X-Rays

i.	Email to Linda Gough, Registrar & CEO from Sean Court, Director, Strategic Policy Branch, MOHLTC dated October 18, 2017, regarding 'MOHLTC Task Force for the Development of Standards for X-rays – Call for applications'	205
ii.	Confidential information package entitled 'Task Force for the Development of Standards for X-rays', MOHLTC, undated	206 – 209
iii.	Document entitled 'Instructions for applying to participate as the Chair of the MOHLTC Task Force for the Development of Standards for X-rays', MOHLTC, October 2017	210 – 211

iv.	Completed Public Appointments Secretariat Application Summary for Linda Gough for the Task Force for the Development of X-Ray Standards, Ministry of Health and Long-Term Care, printed on November 3, 2017		212 – 214

e. Accreditation

i.	Email from Louise Clement, Executive Director, EQual Accreditation Canada and Sebastien Audette, President, Global Programs, Health Standards Organization to Linda Gough, Registrar & CEO, dated October 26, 2017, regarding 'EQual Canada Update – Program Client critical mass reached'		215
ii.	Letter from Sebastien Audette, President, HSO, to EQual Canada Program Clients, dated November 2, 2017 regarding 'Program Council Inaugural Meeting – January 2018', with the following attachments: • Program Council Terms of reference • Program Council Executive Committee Terms of Reference		216 – 224

f. Citizen Advisory Group

i.	Citizen Advisory Group Meeting Report, Saturday, October 21, 2017		225 – 241

8. Meeting Evaluation — W. Rabbie

i.	Post meeting Evaluation: Council Meeting December 8, 2017		242 – 243

9. Termination of Meeting — W. Rabbie

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Roles and Responsibilities of the Council

Policy 2.11

Section:	Governance		
Approved By:	Council	**Public:**	Yes
Approved Date:	March 28, 2014	**Review Schedule:**	Every 3 years
Effective Date:	June 19, 2014	**Last Reviewed:**	September 2017
Amended Date(s):		**Next Review Date:**	September 2020

Policy

The Council of the College of Medical Radiation Technologists of Ontario (CMRTO) acts as the board of directors of the CMRTO and is responsible for managing and administering its affairs.[1] The Council is responsible for regulating the profession of medical radiation technology in the public interest. It achieves this through policy-making, goal and priority setting, planning, decision-making and oversight.

In carrying out its role, the CMRTO Council shall:

1. Fulfill the legislated responsibilities set out in the *Regulated Health Professions Act, 1991*, including the Health Professions Procedural Code, the *Medical Radiation Technology Act, 1991* and the regulations made under those Acts, to ensure that all the statutory responsibilities of the CMRTO, its statutory committees and its employees are met[2]

2. Establish and review the CMRTO's regulations and by-laws

3. Establish and review CMRTO policies, position statements, and guidelines in accordance with relevant legislation

4. Maintain the financial integrity of CMRTO

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[1] Section 4 of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*.

[2] The statutory duties and objects of the CMRTO set out in legislation are attached to this policy as Appendix 1.

5. Consider and recommend any changes to legislation necessary for the CMRTO to meet its mandate

6. Establish and review the standards of practice for the profession and other policies relevant to protecting the public interest

7. Establish and promote the CMRTO's mission, vision and values

8. Develop, approve and regularly revise the strategic plan of the CMRTO consistent with its statutory obligations and the mission, vision and values

9. Oversee the evaluation of the CMRTO's activities and assess the CMRTO's achievement of its strategic plan

10. Allocate resources by setting broad budget priorities based on the strategic plan, approve budgets based on these priorities, and monitor financial performance

11. Monitor and evaluate the governance framework of the CMRTO regarding committees, financial management, risk management and reporting to ensure compliance with requirements and to monitor performance

12. Receive reports from all statutory committees, non-statutory committees and task forces

13. Review and monitor its own effectiveness as a governing body

Composition

The Council is comprised of:

- Eight (8) Councillors who are members of the CMRTO (elected members)
- Between five (5) and seven (7) Councillors appointed by the Lieutenant Governor in Council (public members)

The President and Vice-President are elected annually from the elected members of Council. A majority of the members of Council, at least three of whom are members of the CMRTO and at least one of whom was appointed by the Lieutenant Governor in Council, shall constitute a quorum.

The Registrar & CEO shall attend all meetings of Council except for personnel matters related to the Registrar & CEO and declared by the President to require in camera deliberation.

Appendix 1

Review of duty and objects of the College

Below are some excerpts from the Health Professions Procedural Code, made under the *Regulated Health Professions Act, 1991*, setting out the statutory duty and objects of the College and provisions regarding Council meetings.

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of College

3. (1) The College has the following objects:

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the *Regulated Health Professions Act, 1991* and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.

5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the *Regulated Health Professions Act, 1991.*
7. To administer the health profession Act, this Code and the *Regulated Health Professions Act, 1991* as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).

Duty

(2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2).

Council

4. The College shall have a Council that shall be its board of directors and that shall manage and administer its affairs. 1991, c. 18, Sched. 2, s. 4.

Quorum

6. A majority of the members of the Council constitute a quorum. 1991, c. 18, Sched. 2, s. 6.

Meetings

7. (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

Exclusion of public

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

(a) matters involving public security may be disclosed;

(b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;

(c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;

(d) personnel matters or property acquisitions will be discussed;

(e) instructions will be given to or opinions received from the solicitors for the College; or

(f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Code of Conduct for Council and Committee members

Policy 2.12

Section:	Governance		
Approved By:	Council	**Public:**	Yes
Approved Date:	September 23, 2014	**Review Schedule:**	Every 3 years
Effective Date:	September 23, 2014	**Last Reviewed:**	September 2017
Amended Date(s):		**Next Review Date:**	September 2020

Purpose

In carrying out its objects,[1] the College of Medical Radiation Technologists of Ontario (CMRTO) has a duty to serve and protect the public interest. The CMRTO's Council and its committees are committed to ensuring that, in all aspects of its affairs, the CMRTO maintains public trust by acting honestly and with integrity and in accordance with its mandate.

Application

This policy applies to members of the Council and members of CMRTO's committees. In this policy, members of the Council and members of committees are together referred to as "members" and individually as a "member".

Duties

All members of the Council have a fiduciary responsibility to the CMRTO as a result of being members of the CMRTO's board of directors and are bound by the obligations that arise out of their fiduciary duties. All members of the Council shall act in the best interests of the CMRTO and of the public and shall not act in any way in the interests of any group or segment of the CMRTO or the public if such interests are not in the best interests of the CMRTO or the public as a whole.

All members shall act with honesty and integrity and shall be loyal to the CMRTO. A member shall not put self or personal interests ahead of their statutory responsibilities or the interests of the CMRTO.

[1] The CMRTO's objects are set out in section 3 of the Health Professions Procedural Code, being Schedule 2 of the *Regulated Health Professions Act, 1991.*

Every member shall act in the best interests of the public receiving services from medical radiation technologists in Ontario. No member by reason of their election or appointment shall conduct themself as a representative of any professional, socioeconomic, cultural, or geographic group or other constituency.

Members shall comply with all laws applicable to the CMRTO, including, without limitation, the *Regulated Health Professions Act, 1991* (the RHPA), the *Medical Radiation Technology Act, 1991*, the regulations made under either of those Acts and the CMRTO's by-laws. Members shall also at all times adhere to and respect the policies of the CMRTO and shall not engage in conduct or actions which are detrimental to the CMRTO or contrary to any of its policies.

Confidentiality

Every member must adhere to the provision regarding confidentiality set out in the RHPA which states that every member of a Council or committee of a College shall keep confidential all information that comes to their knowledge in the course of their duties and shall not communicate any information to any other person, except in certain limited circumstances.[2] Every member is required to sign a confidentiality agreement in the form approved by the CMRTO's Council, from time to time, at the commencement of the member's term of office, and thereafter when there are any changes to the form of confidentiality agreement.

Spokespersons

The President is the official spokesperson for the Council. It is the role of the President to represent the voice of the Council to all stakeholders.

The Registrar & CEO is the official spokesperson for the CMRTO. It is the role of the Registrar & CEO to represent the voice of the CMRTO to all stakeholders.

No member shall speak or make representations on behalf of the Council, the CMRTO or its committees unless authorized by the President (or, in the President's absence, the Vice-President) and the Registrar & CEO or by the Council. When so authorized, the member's representations must be consistent with accepted positions and policies of the CMRTO.

Media Contact and Public Discussion

News media contact and statements and public discussion of the CMRTO's affairs should only be made through one of the official spokespersons or other spokesperson authorized in the manner described above. Any member who is questioned by news reporters or other media representatives should refer such individuals to the Registrar & CEO.

Personal Conduct

All members must conduct themselves in a professional, respectful and courteous manner when conducting CMRTO business. Members must not engage in verbal, physical or sexual harassment.

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[2] Section 36(1) of the *Regulated Health Professions Act, 1991*.

No member shall attempt to influence another member or CMRTO staff with regard to the handling or outcome of a matter with respect to which the member has no direct involvement.

Members shall approach every issue with an open mind and impartially, and without discrimination or favouritism. Members shall foster a collegial work environment and conduct themselves in a manner that demonstrates respect for the views and opinions of colleagues.

It is recognized that members have diverse backgrounds, skills and experience. Members will not always agree with one another on all issues. All debates shall be conducted in a respectful and civil manner.

The authority of the President of Council and the chairs of the committees must be respected by all members.

Council and Committee Unity

Members acknowledge that all Council and committee actions and decisions must be supported by all members. The Council and committees speak with one voice. Those members who have abstained or voted against a motion must adhere to and support the decision of the Council or committee.[3]

Meeting Conduct

Each member agrees to:

1. Attend the meetings, workshops or educational sessions of Council and/or the committees to which they are appointed, and be punctual

2. Notify the Registrar & CEO or staff support person in a timely fashion, in writing or otherwise, if the member is unable to attend a Council or committee meeting and provide a reason for the absence

3. Prepare for each meeting by reading the agenda material prior to the meeting

4. State their position and perspective on issues in a clear and respectful manner

5. Engage constructively in the discussions

6. Where the views of the member differ from that of the majority, engage collaboratively to determine whether a consensus can be reached

7. Pay full attention to the meeting business – avoiding side-bar conversations, taking of phone calls, checking of email on mobile devices, reading of unrelated material, etc.

[3] There may be circumstances where it is appropriate for a member of a statutory committee who disagrees with the majority decision to write a dissent.

8. Refrain from speaking when others are speaking and wait to be recognized by the Chair before speaking

9. Be respectful of others

10. Be respectful of the authority of the President or Chair of the committee

11. Respect the boundaries between members and CMRTO staff, recognizing that CMRTO staff do not work for, or report to, individual members

12. Participate fully in any evaluation processes or continuous quality improvement processes

Acknowledgement

Each member must adhere to this Code of Conduct and commit to support the CMRTO's standards set out in applicable legislation, policies and guidelines.

Each member will review and affirm their commitment to and compliance with the CMRTO's Code of Conduct at the commencement of the member's term of office, and thereafter when there are any changes to this Code of Conduct.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Minutes

Council Meeting

Tuesday, September 26, 2017
0900 - 1600 hours
CMRTO Council Room

Present:	Wendy Rabbie, President Ebenezer Adiyiah Susan Allen Nathalie Bolduc Elaine Bremer Mary (Susan) Gosso Janice Hoover Ray Lappalainen, transitional Council member Franklin Lyons Jay Neadles Cathryne Palmer Janet Scherer Carolyn Trottier, transitional Council member Martin Ward Sandra Willson
Regrets:	Angela Cashell, Vice-President
Guests:	Debbie Tarshis, WeirFoulds LLP, for agenda items 6a and 7c
Staff:	Linda Gough, Registrar & CEO Shalen Fournier, Communications Administrator Annette Hornby, Director of Quality Assurance Kirusha Kobindarajah, Executive Administrator Tina Langlois, Director of Professional Conduct Elizabeth Urso, Articling Student Nerissa de Vera, Finance & HR Manager, for agenda item 4
Observers:	Zoe Soper, Policy Analyst, Regulatory Policy Unit, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, for agenda items 6a and 7c

1. Call to Order

The meeting was called to order by W. Rabbie, President at 0900 hours.

W. Rabbie welcomed the two new transitional sonography members: Carolyn Trottier and Ray Lapplainen.

a. Approval of the agenda

The agenda and supporting documents were circulated to the Council members earlier.

It was moved by S. Willson
Seconded by J. Neadles

Resolved that the agenda be approved as circulated.

Carried.

b. Review of Roles & Responsibilities of Council

The following documents were circulated on pages 1 – 8 of the agenda:

i. CMRTO Policy 2.11, Roles & Responsibilities of the Council, effective date June 19, 2014

ii. CMRTO Policy 2.12, Code of Conduct for Council and Committee Members, effective date September 23, 2014

W. Rabbie briefly reviewed the documents with Council members.

2. Declaration of Conflict of Interest

There were no conflicts of interest declared.

3. Minutes of the previous meeting

a. June 15 & 16, 2017

The following was circulated on pages 9 – 34 of the agenda:

i. Minutes of meeting of Council held on June 15 & 16, 2017

It was moved by J. Hoover
Seconded by J. Scherer

Resolved that the minutes of the Council meeting of June 15 & 16, 2017, be approved as circulated.

Carried.

L. Gough reviewed the action items with Council.

The following document was circulated at the meeting:

ii. In Camera Minutes of the meeting of Council of June 16, 2017 – Agenda item 13a: Diagnostic Medical Sonographers

It was moved by C. Palmer
Seconded by N. Bolduc

Resolved that the in camera minutes of June 16, 2017, agenda item 13a: Diagnostic Medical Sonographers, be approved as circulated.

Carried.

b. August 16, 2017

The following document was circulated on pages 35 – 39 of the agenda:

i. Minutes of meeting of Council held on August 16, 2017

It was moved by S. Willson
Seconded by J. Scherer

Resolved that the minutes of August 16, 2017, be approved as circulated.

Carried.

L. Gough reviewed the action items with Council.

The following document was circulated at the meeting:

ii. In Camera Minutes of the meeting of Council of August 16, 2017 – Agenda item 3a: Diagnostic Medical Sonographers

It was moved by E. Bremer
Seconded by J. Neadles

Be it resolved that the in camera minutes of August 16, 2017, agenda item 3a, Diagnostic Medical Sonographers, be approved as circulated.

Carried.

The following document was circulated at the meeting:

iii. In Camera Minutes of the meeting of Council of August 16, 2017 – Agenda item 3c: CMRTO Office Space & Staffing

It was moved by N. Bolduc
Seconded by J. Hoover

Be it resolved that the in camera minutes of August 16, 2017, agenda item 3c, CMRTO office space & staffing, be approved as circulated.

Carried.

4. Financial

Nerissa de Vera joined the meeting for the agenda items pertaining to the financial affairs of the College.

a. Finance & Audit Committee Report

The following was circulated on pages 40 – 42 of the agenda:

i. Report to Council from J. Neadles, Chair, Finance and Audit Committee, dated August 29, 2017, regarding 'Report from Finance and Audit Committee'

ii. CMRTO Policy 2.8, Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014

J. Neadles, Chair of the Finance & Audit Committee, reviewed the report with Council and responded to questions.

b. Financial Report for Q2 2017

The following was circulated on pages 43 – 46 of the agenda:

i. Report to Council from the Finance and Audit Committee, dated August 29, 2017 regarding 'Financial Report to Council for Q2 2017 (April 1 – June 30, 2017)'

J. Neadles reviewed the report with Council and responded to questions.

It was moved by M. Ward
Seconded by E. Bremer

Resolved that the report to Council from the Finance and Audit Committee regarding 'Financial Report to Council for Q2 2017 (April 1 – June 30, 2017)', and the following reports:

- **Statement of Revenue & Expenses for the period ending June 30, 2017**
- **Balance Sheet as at June 30, 2017**
- **Capital Budget and Expenditures Schedule for the period January 1, 2017 to June 30, 2017**

as circulated in the agenda, be approved.

Carried.

c. Investment Report for Q2 2017

The following was circulated on pages 47 – 48 of the agenda:

i. Report to Council from the Finance and Audit Committee, dated August 29, 2017, regarding 'Investment Report to Council for Q2 2017 (April 1 – June 30, 2017)'

J. Neadles reviewed the report with Council and responded to questions.

It was moved by C. Palmer
Seconded by S. Willson

Resolved that the report to Council from the Finance and Audit Committee regarding 'Investment Report to Council for Q2 2017 (April 1 - June 30, 2017)', and the report, CIBC Wood Gundy Portfolio Evaluation as of June 30, 2017, as circulated with the agenda, be approved.

Carried.

N. de Vera left the meeting.

5. Strategic Plan & Report

a. CMRTO Strategic Plan

The following was circulated on pages 49 – 68 of the agenda:

i. CMRTO 2017 – 2021 Strategic Plan, Commitment to Regulatory Excellence, approved by Council December 9, 2016

L. Gough reviewed the document with Council and responded to questions.

b. Balanced Scorecard Report

The following was circulated on page 69 of the agenda:

i. CMRTO Dashboard: Q2 2017

L. Gough reviewed the document with Council and responded to questions. Discussion ensued.

It was moved by J. Neadles
Seconded by S. Allen

Resolved that the CMRTO Dashboard Q2 2017, April 1 – June 30, 2017, be published on the CMRTO website.

Carried.

6. For Decision

a. Diagnostic Medical Sonographers

Debbie Tarshis, WeirFoulds LLP, joined the meeting for this agenda item.

The following was circulated on pages 70 – 136 of the agenda:

i. Report to Council from Linda Gough, Registrar & CEO, dated September 11, 2017, regarding 'Regulation of diagnostic medical sonographers'

ii. Letter to Wendy Rabbie, President from Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, Ministry of Health and Long-Term Care dated August 1, 2017, regarding the regulation of diagnostic medical sonographers

iii. CMRTO News Release entitled 'Diagnostic medical sonographers to be regulated with the CMRTO!', dated August 3, 2017

iv. Printout of the 'Consultations' page from CMRTO website, posted August 17, 2017

v. Consolidation of Registration Regulation As If Amended By Proposed Amending Regulation, Ontario Regulation 866/93 made under the *Medical Radiation Technology Act, 1991*

vi. Proposed Ontario Regulation made under the *Medical Radiation Act, 1991* Amending O. Reg. 866/93 (Registration)

vii. Printout of the 'Proposed changes to registration regulation to register sonographers', posted August 17, 2017 on CMRTO website, including stakeholder comments to September 11, 2017

viii. Provincial regulatory registry: Proposed regulatory amendments for the regulation of diagnostic medical sonographers under the College of Medical Radiation Technologists of Ontario, Proposal Number 17 – HLTC035, posting date August 29, 2017

ix. Job Posting: Director of Corporate Services, posted August 25, 2017 on CMRTO website

x. CMRTO Position Description for Director of Corporate Services

xi. DMS Updates # 1, entitled 'The Regulation of Sonography', dated August, 2017

xii. DMS Updates # 2, entitled 'Consultation on proposed regulation to regulate diagnostic medical sonographers with CMRTO', dated September, 2017

xiii. Letter to Linda Gough, Registrar & CEO from Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, MOHLTC, dated August 31, 2017, regarding the funding to implement the regulation of diagnostic medical sonographers

xiv. Letter to Victor Lee, Acting Chair, Sonography Canada from Wendy Rabbie, President, dated August 31, 2017, regarding sonography representative on CMRTO Council

xv. Letter to Robert Mahon, Chair, Ontario Association of Medical Radiation Sciences (OAMRS) from Wendy Rabbie, President, dated August 31, 2017, regarding sonography representative on CMRTO Council

xvi. Letter to Wendy Rabbie, President, from Robert Mahon, Chair, Ontario Association of Medical Radiation Sciences (OAMRS) dated September 8, 2017, regarding OAMRS representative on CMRTO Council

xvii. CMRTO Information Workshops 2017

L. Gough reviewed the documents with Council and responded to questions.

It was moved by S. Willson
Seconded by J. Neadles

Resolved that pursuant to Section 7(2)(b) of the Health Professions Procedural Code, the Council meeting move in camera to receive a report from the Registrar & CEO and Legal Counsel regarding the regulation of diagnostic medical sonographers, on the basis that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public.

Carried.

The observer left the room and returned at the conclusion of this agenda item.

b. RHPA Amendments

The following was circulated on pages 137 – 138 of the agenda:

i. Briefing note to Council from Linda Gough, Registrar & CEO, dated September 11, 2017, regarding 'Implementation of the *Protecting Patients Act, 2017*'

ii. Letter to Presidents, Registrars and Executive Directors, Health Regulatory Colleges from Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, MOHLTC, dated June 19, 2017, regarding 'Protecting Patients Act, 2017'

L. Gough and T. Langlois reviewed the documents with Council, and responded to questions.

T. Langlois gave a presentation to Council on Bill 87, Protecting Patients Act, and responded to questions. Lengthy discussion ensued.

The following was circulated at the meeting:

iii. Letter to Shenda Tanchak, President, Federation of Regulatory Colleges of Ontario & Coalition of Regulated Health Professional Associations, c/o Dr. Bob Haig, Chief Executive Officer, Ontario Chiropractic Association from Dr. Eric Hoskins, Minister, Ministry of Health and Long Term Care, dated September 20, 2017, regarding ministry's work on the scope of practice requests from regulated health professional Colleges and associations.

iv. MOHLTC News Bulletin entitled 'Province Taking Steps to Expand Health Care Professionals' Responsibilities and Roles – Ontario Moving Forward on Improving Access to Quality Care', dated September 20, 2017

v. Email from College of Chiropractors dated September 20, 2017, regarding 'Health Minister announces Enhanced Diagnostic Tools for Chiropractors'

vi. Letter to Dr. Gauri Shankar, President, College of Chiropractors of Ontario & Dr. Ayla Azad, President, Ontario Chiropractic Association from Dr. Eric Hoskins, Minister, Ministry of Health and Long Term Care, received September 20, 2017, regarding the changes to the scope of practice for chiropractors

L. Gough reviewed the documents with Council, and responded to questions.

c. Format of Council Meetings

The following was circulated on pages 139 – 143 of the agenda:

i. Briefing note to Council from the Executive Committee, dated September 11, 2017, regarding 'Format of Council meetings'

ii. Report to Council from Elizabeth Urso, Articling Student, dated September 8, 2017, regarding 'Implementing Bill 87: Posting Council Meeting Information on CMRTO Website'

L. Gough and E. Urso reviewed the documents with Council, and responded to questions. Lengthy discussion ensued.

Action item: Council directed staff to update the 2018 CMRTO calendar to include one day for Council Education and Governance sessions, prior to each scheduled Council meeting.

d. CMRTO Policy Review

The following was circulated on pages 144 – 227 of the agenda:

i. Briefing note to Council from Linda Gough, Registrar & CEO, dated September 11, 2017, regarding 'CMRTO Policy Review'

ii. CMRTO Policy 0.1 – Policy Register and Review Policy, effective date June 19, 2015

iii. CMRTO Administration Policy 1.1 – Customer Service Accessibility Policy, effective date September 23, 2014

iv. CMRTO Administration Policy 1.2 – Social Media Terms of Use, effective date September 23, 2014

v. CMRTO Administration Policy 1.3 – Staff Vacation and Holidays, effective date January 1, 2015

vi. CMRTO Administration Policy 1.4 – Policy and Program regarding workplace harassment, effective date March 27, 2015, amended September 23, 2016

vii. CMRTO Administration Policy 1.5 – Policy and Program regarding violence in the workplace, effective date March 27, 2015

viii. CMRTO Administration Policy 1.6 – Performance Review Process of the Registrar & CEO, effective date January 1, 2015, amended December 9, 2016

ix. CMRTO Administration Policy 1.7 - Procedures respecting appeals to Council of decisions of Executive Committee made under CMRTO's Policy and program regarding workplace harassment or CMRTO's Policy and program regarding violence in the workplace, effective date March 27, 2015

x. CMRTO Administration Policy 1.9 – Publication of names of suspended members, effective date March 27, 2015

xi. CMRTO Governance Policy 2.1 – Terms of Reference for the Executive Committee, effective date June 19, 2014, amended January 1, 2015

xii. CMRTO Governance Policy 2.2 – Terms of Reference for the Inquiries, Complaints and Reports Committee, effective date June 19, 2014

xiii. CMRTO Governance Policy 2.3 – Terms of Reference for the Discipline Committee, effective date June 19, 2014

xiv. CMRTO Governance Policy 2.4 – Terms of Reference for the Fitness to Practise Committee, effective date June 19, 2014

xv. CMRTO Governance Policy 2.5 – Terms of Reference for the Patient Relations Committee, effective date June 19, 2014

xvi. CMRTO Governance Policy 2.6 – Terms of Reference for the Quality Assurance Committee, effective date June 19, 2014

xvii. CMRTO Governance Policy 2.7 – Terms of Reference for the Registration Committee, effective date June 19, 2014

xviii. CMRTO Governance Policy 2.8 – Terms of Reference for the Finance and Audit Committee, effective date June 19, 2014

xix. CMRTO Governance Policy 2.9 – Terms of Reference for the Nominating Committee, effective date June 19, 2014

xx. CMRTO Governance Policy 2.10 – Terms of Reference for the Staff Relations Committee, effective date June 19, 2014, amended January 1, 2015

xxi. CMRTO Governance Policy 2.11 – Roles and Responsibilities of the Council, effective date June 19, 2014

xxii. CMRTO Governance Policy 2.12 – Code of Conduct for Council and Committee members, effective date September 23, 2014

xxiii. CMRTO Governance Policy 2.13 – Conflict of Interest for Council and Committee members, effective date September 23, 2014

L. Gough reviewed the proposed amendments to the policies with Council and responded to questions. Council reviewed the proposed amendments to the policies and made some amendments. Lengthy discussion ensued.

It was moved by J. Hoover
Seconded by S. Gosso

Resolved that the proposed amendments to the following policies as circulated in the agenda, and as reviewed and amended by Council, be approved:

1. **Policy 0.1, Policy Register and Review Policy**
2. **Policy 1.1, Customer Service Accessibility Policy**
3. **Policy 1.2, Social Media Terms of Use**
4. **Policy 1.3, Staff Vacation and Holidays**
5. **Policy 1.4, Policy and Program regarding workplace harassment**
6. **Policy 1.5, Policy and Program regarding violence in the workplace**
7. **Policy 1.6, Performance Review Process of the Registrar & CEO**
8. **Policy 1.7, Procedures respecting appeals to Council of decisions of Executive Committee made under CMRTO's Policy and Program regarding workplace harassment or CMRTO's Policy and Program regarding violence in the workplace, effective date March 27, 2015**
9. **Policy 1.9, Publication of names of suspended members**
10. **Policy 2.1, Terms of Reference for the Executive Committee**
11. **Policy 2.2, Terms of Reference for the Inquiries, Complaints and Reports Committee**
12. **Policy 2.3, Terms of Reference for the Discipline Committee**
13. **Policy 2.4, Terms of Reference for the Fitness to Practise Committee**
14. **Policy 2.5, Terms of Reference for the Patient Relations Committee**
15. **Policy 2.6, Terms of Reference for the Quality Assurance Committee**
16. **Policy 2.7, Terms of Reference for the Registration Committee**
17. **Policy 2.8, Terms of Reference for the Finance and Audit Committee**
18. **Policy 2.9, Terms of Reference for the Nominating Committee**
19. **Policy 2.10, Terms of Reference for the Staff Relations Committee**
20. **Policy 2.11, Roles and Responsibilities of the Council**
21. **Policy 2.12, Code of Conduct for Council and Committee members**
22. **Policy 2.13, Conflict of Interest for Council and Committee members**

Carried.

e. Finance and Risk Policies

The following was circulated on pages 228 – 260 of the agenda:

i. CMRTO Finance and Risk Policy 4.1 – Significant Accounting Policies, effective date January 1, 2015

ii. CMRTO Finance and Risk Policy 4.2 – Financial Plan, Annual Budget and Quarterly Financial Reporting, effective date January 1, 2015

iii. CMRTO Finance & Risk Policy 4.3 – Expense, Honoraria and Claim Policy, effective date January 1, 2015

iv. CMRTO Finance & Risk Policy 4.4 – Cheque Signing Authority, effective date January 5, 2015

v. CMRTO Finance & Risk Policy 4.5 – Corporate Credit Card, effective date January 1, 2015

vi. CMRTO Finance & Risk Policy 4.6 – Executive Limitation Policy, effective date January 1, 2015

vii. CMRTO Finance & Risk Policy 4.7 – Investment Policy, effective date January 1, 2015

viii. CMRTO Finance & Risk Policy 4.8 – Salary Ranges for CMRTO staff, effective date January 1, 2015

ix. CMRTO Finance & Risk Policy 4.9 – Process to Review the Salary Range for the Position of the Registrar & CEO and the Registrar & CEO's Salary, effective date January 1, 2015

x. CMRTO Finance & Risk Policy 4.10 – Procurement of Goods and Services Policy, effective date December 9, 2016

L. Gough reviewed the proposed amendments to the policies with Council and responded to questions.

It was moved by S. Willson
Seconded by J. Neadles

Resolved that the proposed amendments to the following policies as circulated in the agenda and as reviewed by Council, be approved:

1. **Policy 4.1, Significant Accounting Policies**
2. **Policy 4.2, Financial Plan, Annual Budget and Quarterly Financial Reporting**
3. **Policy 4.3, Expense, Honoraria and Claim Policy**
4. **Policy 4.4, Cheque Signing Authority**
5. **Policy 4.5, Corporate Credit Card**
6. **Policy 4.6, Executive Limitation Policy**
7. **Policy 4.7, Investment Policy**
8. **Policy 4.8, Salary Ranges for CMRTO staff**
9. **Policy 4.9, Process to Review the Salary Range for the Position of the Registrar & CEO and the Registrar & CEO's Salary**
10. **Policy 4.10, Procurement of Goods and Services Policy**

Carried.

f. CMRTO HR policies

The following was circulated on pages 261 – 265 of the agenda:

i. CMRTO Draft Human Resource Policy 9.1 – Workplace Health & Safety, effective date to be announced

ii. CMRTO Draft Human Resource Policy 9.2 – Emergency Preparedness & Response, effective date to be announced

iii. CMRTO Draft Human Resource Policy 9.3 – Personal Information Privacy, effective date to be announced

L. Gough reviewed the draft policies with Council and responded to questions. Lengthy discussion ensued.

It was moved by S. Allen
Seconded by J. Scherer

Resolved that the following policies as circulated in the agenda, be approved effective immediately:

1. **Policy 9.1, Workplace Health & Safety**
2. **Policy 9.2, Emergency Preparedness & Response**
3. **Policy 9.3, Personal Information Privacy**

Carried.

g. CMRTO Information management policies

The following was circulated on pages 266 – 272 of the agenda:

i. CMRTO Draft Information Management Policy 10.1 – Records and Information Management Program Policy, effective date to be announced

ii. CMRTO Draft Information Management Policy 10.2 – Records and Information Management Policy, effective date to be announced

iii. CMRTO Draft Information Management Policy 10.3 – Records and Information Retention Policy, effective date to be announced

A. Hornby reviewed the draft policies with Council and responded to questions.

It was moved by F. Lyons
Seconded by N. Bolduc

Resolved that the following policies as circulated in the agenda, be approved effective immediately:

1. **Policy 10.1, Records and Information Management Program Policy**
2. **Policy 10.2, Records and Information Management Policy**
3. **Policy 10.3, Records and Information Retention Policy**

Carried.

h. CMRTO Information technology policies

The following was circulated on pages 273 – 278 of the agenda:

i. CMRTO Draft Information Technology Policy 11.1 – CMRTO Information Security Program, effective date to be announced

A. Hornby reviewed the draft policy with Council and responded to questions.

It was moved by S. Gosso
Seconded by E. Adiyiah

Resolved that the following policy as circulated in the agenda, be approved effective immediately:

1. **Policy 11.1, CMRTO Information Security Program**

Carried.

i. IHF Diagnostic Imaging Parameters

The following was circulated on pages 279 – 421 of the agenda:

i. Briefing note to Council from Linda Gough, Registrar & CEO, dated September 12, 2017, regarding 'CPSO Consultation on IHF Diagnostic Imaging Parameters'

ii. Email to Linda Gough, Registrar & CEO from Kavita Sharma, Project Coordinator, Quality Management Division, The College of Physicians and Surgeons of Ontario dated August 31, 2017, regarding 'Consultation on IHF Diagnostic Imaging Parameters'

iii. CPSO's Draft Independent Health Facilities: Clinical Practice Parameters and Facility Standards, Diagnostic Imaging – 5th Edition, August 2017

The following was circulated at meeting:

iv. Draft letter to Kavita Sharma, Project Coordinator, Quality Management Division, College of Physicians and Surgeons of Ontario from Linda Gough, Registrar & CEO, dated September 27, 2017, regarding 'Independent Health Facilities – Clinical Practice Parameters and Facility Standards for Diagnostic Imaging – Fifth Edition, August 2017'

L. Gough and A. Hornby reviewed the documents with Council, and responded to questions. Lengthy discussion ensued. Council determined it was satisfied with the CMRTO response as circulated.

Action item: Council directed staff to submit the response to CPSO, as circulated at the meeting.

7. Discussion

a. Accreditation

The following was circulated on pages 422 – 423 of the agenda:

i. Letter to Medical Radiation Technology Education Programs in regulated provinces from Elaine Dever, Director of Education, Canadian Association of Medical Radiation Technologists & Linda Gough, President, Alliance of Medical Radiation Technologists Regulators of Canada, dated June 27, 2017, regarding 'Announcement of new provider of accreditation services: Health Standards Organization (HSO) EQual Canada & Accreditation Canada'

L. Gough reviewed the documents with Council and responded to questions.

b. Ontario Fairness Commissioner

The following was circulated on pages 424 – 234 of the agenda:

i. News from the office of the Fairness Commissioner, July 2017

ii. Bio of Fairness Commissioner Grant Jameson

iii. Fairness Commissioner's Message, dated June 2017

iv. Email from Grant Jameson, Fairness Commissioner, dated August 30, 2017, regarding 'Restructuring of the Office of the Fairness Commissioner'

v. Email from Alex Bezzina, Deputy Minister, Citizenship and Immigration dated September 5, 2017, regarding 'OFC: Bill 27- Proclamation'

vi. Email from Grant Jameson, Fairness Commissioner, dated September 8, 2017, regarding 'Office of the Fairness Commissioner' with Office of the Fairness Commissioner Staff Directory attached

L. Gough reviewed the documents with Council and responded to questions.

c. HARP Act

D. Tarshis attended the meeting for this agenda item.

The following was circulated on pages 435 – 469 of the agenda:

i. Email from Sean Court, Director, Strategic Policy Branch, MOHLTC and Pauline Ryan, Director, Health Services Branch, MOHLTC, regarding 'Webinar invitation: Update on IHF, OHPs and HARP Act – Aug 11, 2017'

ii. Slide deck for webinar regarding Consultations on Proposals Related to IHFs OHPs and Modernization of the HARP Act – presented by MOHLTC, provided August 11, 2017

L. Gough and D. Tarshis reviewed the documents with Council and responded to questions. Discussion ensued.

d. HPRAC

The following was circulated on pages 470 – 471 of the agenda:

i. Letter to Mr. Thomas Corcoran, Chair, Health Professions Regulatory Advisory Council from Dr. Eric Hoskins, Minister, MOHLTC, dated August 4, 2017, regarding the controlled act of psychotherapy

L. Gough reviewed the documents with Council and responded to questions.

8. Meeting evaluation

The following was circulated on pages 472 – 473 of the agenda:

i. Post meeting evaluation: Council meeting, September 26, 2017

W. Rabbie requested the Council members to complete the meeting evaluation form and to give the completed forms to the CMRTO staff.

9. Termination of Meeting

The meeting was terminated by W. Rabbie, President at 1515 hours.

Minutes

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Council Meeting

Friday, October 20, 2017
0900 - 1300 hours
CMRTO Council Room

Present: Wendy Rabbie, President
Ebenezer Adiyiah
Susan Allen
Nathalie Bolduc – by teleconference
Elaine Bremer
Angela Cashell
Mary (Susan) Gosso
Janice Hoover
Ray Lappalainen, transitional Council member
Franklin Lyons
Jay Neadles
Cathryne Palmer
Carolyn Trottier, transitional Council member
Martin Ward
Sandra Willson – by teleconference

Regrets: Janet Scherer

Guests: Debbie Tarshis, WeirFoulds LLP

Staff: Linda Gough, Registrar & CEO
Shalen Fournier, Communications Administrator
Annette Hornby, Director of Quality Assurance
Kirusha Kobindarajah, Executive Administrator
Tina Langlois, Director of Professional Conduct
Caroline Morris, Deputy Registrar
Elizabeth Urso, Articling Student

1. Call to Order

The meeting was called to order by W. Rabbie, President, at 0904 hours.

a. Approval of the agenda

The agenda and supporting documents were circulated to the Council members earlier.

The following item was added to the agenda:
4b: MOHLTC Taskforce for the Development of Standards for X-Rays

It was moved by C. Palmer
Seconded by S. Allen

Resolved that the agenda be approved as amended.

Carried.

2. Declaration of Conflict of Interest

There were no conflicts of interest declared.

3. For Decision

a. Registration Regulation

The following was circulated at the meeting:

i. CMRTO document entitled 'Summary of comments received respecting proposed changes to registration regulation to register sonographers (Circulation Period: August 17, 2017 – October 17, 2017)', dated October 18, 2017, with the following attachments:

- CMRTO document entitled 'Detail of stakeholder and member comments received respecting proposed changes to registration regulation to register sonographers (Circulation period: August 17, 2017 – October 17, 2017)', dated October 18, 2017
- Letter to Wendy Rabbie, President, from Dr. Lawrence Rudski, President on behalf of Dr. Howard Leong-Poi, President Elect, Canadian Society of Echocardiography C/O Canadian Cardiovascular Society, dated October 11, 2017, regarding regulation of Diagnostic Medical Sonographers
- Letter to Linda Gough, Registrar & CEO, from Rocco Gerace, MD, Registrar, The College of Physicians and Surgeons of Ontario, dated

October 13, 2017, regarding 'College of Medical Radiation Technologists of Ontario regulation amendments'

- Letter to Wendy Rabbie, President, from Dr. Anthony Sanfillippo, Chair, Advisory Panel, EQI Program, CorHealth Ontario, dated October 16, 2017, regarding 'Regulation of Diagnostic Medical Sonographers'

- Letter to Linda Gough, Registrar & CEO, from Franquis Couillard, Chief Executive Officer, CAMRT, dated October 17, 2017, regarding regulation of diagnostic medical sonographers

L. Gough and E. Urso reviewed the summary of comments received from members, stakeholders and the public during the consultation period. Lengthy discussion ensued.

The following was circulated on pages 1 – 12 of the agenda:

ii. Consolidation of Registration Regulation As If Amended By Proposed Amending Regulation, Ontario Regulation 866/93 made under the *Medical Radiation Technology Act, 1991*

iii. Proposed Ontario Regulation made under the *Medical Radiation Act, 1991* Amending O. Reg. 866/93 (Registration)

The following was circulated at the meeting:

iv. Proposed Revised Ontario Regulation made under the *Medical Radiation Technology Act, 1991* Amending O. Reg. 866/93 (Registration), dated October 13, 2017

v. Comparison Between Proposed Revised Ontario Regulation made under the *Medical Radiation Technology Act, 1991* Amending O. Reg. 866/93 (Registration) dated October 13, 2017 and the Amending Regulation Approved by Council on August 3, 2017 (the July 12, 2017 draft)

vi. Revised Comparison of Consolidation of Registration Regulation As If Amended By Proposed Revised Ontario Regulation made under the *Medical Radiation Technology Act, 1991* Amending O. Reg. 866/93 (Registration) dated October 13, 2017

L. Gough and D. Tarshis reviewed the documents with Council and responded to questions. Lengthy discussion ensued.

It was moved by F. Lyons
Seconded by S. Allen

Whereas:

A. At a meeting of Council held on August 16, 2017, Council approved, for circulation to the members of the College, a draft regulation dated July 12, 2017 (the "Proposed Regulation") which amends Ontario Regulation 866/93 in connection with the registration and regulation of diagnostic medical sonographers by the College;

B. An e-mail alert was sent by the College to all members of the College on August 17, 2017 about the consultation on the Proposed Regulation with a link to the consultations page of the College's website;

C. The consultations page of the College's website included links to the Proposed Regulation and related documents;

D. The email alert sent on August 17, 2017 advised members of the College that they had an opportunity to comment on the Proposed Regulation no later than October 17, 2017;

E. Council has received a report from the Registrar summarizing the comments on the Proposed Regulation received from members of the College and other stakeholders;

F. A revised draft of the Proposed Regulation dated October 13, 2017 (the "Revised Proposed Regulation") was circulated at the Council meeting of October 20, 2017, as well as a comparison document between the Proposed Regulation and the Revised Proposed Regulation, and a document that showed a consolidation of Ontario Regulation 866/93 as if amended by the Revised Proposed Regulation;

G. Council has considered the comments on the Proposed Regulation from the members of the College and other stakeholders; and

H. Council has also considered the Revised Proposed Regulation and related documents and has determined that the revisions made to the Proposed Regulation by the Revised Proposed Regulation are minor, the substance of each of the Proposed Regulation and the Revised Proposed Regulation is the same and that, therefore, it is not necessary to circulate the Revised Proposed Regulation prior to its consideration by Council for approval;

Now therefore be it resolved that:

1. Council hereby approves the Revised Proposed Regulation in the form circulated at the meeting of Council held on October 20, 2017.

Carried.

b. Standards of Practice

The following was circulated on pages 13 – 40 of the agenda package:

i. Briefing note to Council from Linda Gough, Registrar & CEO and Elizabeth Urso, Articling Student, dated October 10, 2017, regarding 'Environmental Scan: RHPA College Terminology for "Members"'

ii. CMRTO Standards of Practice with proposed amendments, Draft version 2, dated October 10, 2017

iii. CMRTO Code of Ethics with proposed amendments, Draft version 1, dated September 21, 2017

L. Gough reviewed the proposed amendments to the Standards of Practice and Code of Ethics with the Council members and responded to questions. Lengthy discussion ensued, and amendments were made to the draft documents.

It was moved by C. Palmer
Seconded by S. Gosso

Resolved that the draft Standards of Practice and Code of Ethics as circulated in the agenda and as amended, be circulated to members and sonographers for comment, for consideration by Council at its next meeting.

Carried.

4. Discussion

a. Bill 160

The following was circulated on pages 41 – 55 of the agenda package:

i. Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy Branch, MOHLTC dated September 27, 2017, regarding 'OHFDA Introduced in the legislature'

ii. Email to Linda Gough, Registrar & CEO from Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, Health Workforce Planning and Regulatory Affairs Division, MOHLTC dated September 27, 2017, regarding 'Introduction of Strengthening Quality and Accountability for Patients Act, 2017'

iii. MOHLTC News Release entitled 'Strengthening Quality and Accountability for Patients Act, 2017', dated September 27, 2017

iv. Schedule 6 of Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*, The *Medical Radiation and Imaging Technology Act, 2017*

v. Email to Linda Gough, Registrar & CEO from Patrick Dicerni, Assistant Deputy Minister, Strategic Policy Branch, MOHLTC dated September 27, 2017, regarding 'OHFDA Introduced in the legislature'

L. Gough and D. Tarshis reviewed the documents with Council, and responded to questions.

b. MOHLTC Taskforce for the Development of Standards for X-Rays

The following was circulated at the meeting;

i. Email to Linda Gough, Registrar & CEO from Sean Court, Director, Strategic Policy Branch, MOHLTC dated October 18, 2017, regarding 'MOHLTC Task Force for the Development of Standards for X-rays – Call for applications'

ii. Confidential information package entitled 'Task Force for the Development of Standards for X-rays', MOHLTC, undated

iii. Document entitled 'Instructions for applying to participate as the Chair of the MOHLTC Task Force for the Development of Standards for X-rays', MOHLTC, October 2017

L. Gough reviewed the documents with Council, and responded to questions.

Action Item: Council directed the Registrar & CEO to apply to be appointed to the Taskforce for the Development of Standards for X-rays.

5. Termination of Meeting

The meeting was terminated by W. Rabbie, President at 1335 hours.

CIRCULATED WITH AGENDA

OF DEC - 8 2017

COUNCIL ITEM# 4a1

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting Date:**	December 8, 2017
From:	Jay Neadles, Chair, Finance & Audit Committee	**Date:**	November 10, 2017
Subject:	Report from Finance & Audit Committee		

Since the last meeting of Council, the Finance & Audit Committee met on the following date:

- November 10, 2017

In addition to reviewing the CMRTO's financial reports and investment reports, the Committee has engaged in the following activities:

- Met with Joane Mui, KPMG, and reviewed and approved the audit planning report for the 2017 financial year
- Reviewed the proposed 2018 budget and 2018 – 2020 financial plan. These items are referred to Council with a recommendation for approval and are included in this agenda material

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Terms of Reference for the Finance and Audit Committee

Policy 2.8

Section:	Governance		
Approved By:	Council	**Public:**	Yes
Approved Date:	March 28, 2014	**Review Schedule:**	Every 3 years
Effective Date:	June 19, 2014	**Last Reviewed:**	September 2017
Amended Date(s):	September 26, 2017	**Next Review Date:**	September 2020

Policy: Terms of Reference for the Finance and Audit Committee

Purpose

The role of the Finance and Audit Committee of the College of Medical Radiation Technologists of Ontario (CMRTO) is to assist the Council in meeting its financial responsibilities. The Committee shall provide guidance to Council on financial matters as required.

Responsibilities:

It is the responsibility of the Finance and Audit Committee to consider and make recommendations to the Council on the following matters:

Policies

1. Major policies governing financial, budgetary and investment matters
2. The accounting policies to be followed in the preparation of annual financial statements
3. Policies relating to discretionary expenditures, travel and expense accounts, credit cards and other benefits, including the use of corporate assets

Resource Planning

4. The three-year financial projection and annual budget
5. The appropriate level of unrestricted net assets balance to be maintained at year end

6. The annual fee to be paid by members, and other fees set out in the College's by-laws as the Council directs

7. The long-term commitments to be assumed

Financial Performance Monitoring

8. The results of quarterly financial performance relative to approved annual budget

Financial Reporting and Audit

9. The adequacy of a system of internal controls established by management to support financial risk management

10. The quality of annual financial statements relative to approved Council policies

11. The quality of an audit plan developed by the external auditors, the results of the audit contained in the opinion, and response to any items identified in the audit management letter

12. The nature and quality of any financial information provided to external stakeholders

Investments

13. The investment strategy to be adopted, at a minimum of every three years, or as directed by Council

14. The quality of investment proposal(s) from financial advisors on the investment of surplus funds in accordance with established investment policies

15. The quarterly and annual performance of the investment portfolio in the context of approved investment strategy and policies

Other

16. Any other responsibilities as determined by the Council, from time to time

Meeting Frequency

The Committee meets approximately four times per year.

Composition

A minimum of four (4) Councillors shall serve on the Finance and Audit Committee including at least one (1) Councillor appointed by the Lieutenant Governor in Council (public member). Other persons may be appointed to the Committee. The majority of members may be Executive

Committee members. Council will appoint the Chair of the Committee and that person shall not be the President of the Council.

A majority of the members of the Finance and Audit Committee shall constitute a quorum.

The Registrar & CEO shall attend all meetings of the Committee except for meetings or portions thereof dealing with matters with respect to which the Registrar & CEO has a conflict of interest.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting:**	December 8, 2017
From:	Finance and Audit Committee	**Date:**	November 10, 2017
Subject:	Financial Report to Council for Q3 2017 (July 1 – September 30, 2017)		

The Finance and Audit Committee has reviewed the attached annual financial performance reports for the quarter ending September 30, 2017 and is pleased to highlight the following matters for the CMRTO Council:

1. The following year end forecasted variances in excess of 5% of the approved budget were identified. Management provided the Committee with the causes and effects of the variances and these are provided to the Council as information.

Revenue

Revenue is on plan.

Expenses

1. **Human Resources: 9.4% unfavourable variance**
   The Human Resources expense group is forecasted to have an unfavourable variance of 9%. The forecasted variance is due to additional staff hiring related to sonography and staffing changes such as the new Program Associate position, the new Deputy Registrar position and the Registrar & CEO's salary review.

2. **Communication & Legal Fees: 25% favourable variance**
   The Communication & Legal Fees expense group is forecasted to have a favourable variance of 25%. The anticipated savings is due to savings on hearing costs and the deferral of re-printing of publications due to the sonography implementation.

3. **Education, QA & Other Expenses: 14.9% favourable variance**
   The Education, QA & Other Expenses expense group is forecasted to have a favourable variance of 15%. There is no claim on the compensation fund for patient counselling related to findings of sexual abuse.

4. **Committee Meeting Expenses: 23.1% unfavourable variance**
   The Committee Meeting Expenses expense group is forecasted to have a 23% unfavourable variance due to additional meeting days for Council.

5. **Strategic Planning Projects: 53.3% favourable variance**
   The Strategic Planning Projects expense group is forecasted to have a favourable variance of 53% due to less activity than planned.

Conclusion

At the end of the third quarter of 2017, the CMRTO's total expenses before depreciation are forecasted to have a 2% favourable variance compared to the approved budget. The Statement of Revenue and Expenses shows a decrease of budgeted deficit from $404,782 to $352,832.

College of Medical Radiation Technologists of Ontario

Statement of Revenue and Expenses

For The Period Ending September 30, 2017

Variance of <5% does not require explanation

Variances of between 5% and 9% shall be explained detailing the causes of the variances and their effects on the planned activities

Negative variances of 10% and over shall be explained as in the above and may require discussion among Committee or Council members

Positive variances of 10% and over shall be explained as in the above and may require discussion among Committee or Council members

F Favourable

U Unfavourable

	Current YTD	Forecast YTD for Remaining Year	Annual Forecast	Annual Budget	Variance: Annual Forecast vs Annual Budget Bracketed denotes unfavourable variance	Variance %			VARIANCE EXPLANATION
REVENUE:									
Membership-related Revenue	2,552,513	743,192	3,295,705	3,302,152	(6,447)	-0.20%		U	Revenue on plan
Revenue - Interest Earned	22,545	2,143	24,688	25,139	(451)	-1.79%		U	Slightly under plan
Total Revenue:	2,575,058	745,335	3,320,393	3,327,291	(6,898)	-0.21%		U	
EXPENSES:									
Human Resources	1,213,152	460,304	1,673,456	1,530,292	(143,164)	-9.36%		U	Variance due to additional staff related to sonography $68,000; staff salary adjustments $50,000
Operating Expenses	557,272	242,487	799,759	817,466	17,707	2.17%		F	On plan
Communication & Legal Fees	340,834	207,174	548,008	731,614	183,606	25.10%		F	Savings due to unused hearing budget; publications printing deferred
Education, Q.A. & Other Expenses	89,193	38,176	127,369	149,700	22,331	14.92%		F	No claim from the Compensation fund
Committee Meeting Expenses	97,421	51,831	149,253	121,215	(28,038)	-23.13%		U	Variance due to additional meeting days
Other Projects	1,961	0	1,961	7,500	5,539	73.85%		F	Costs less than plan
Strategic Planning Projects	13,387	2,013	15,399	33,000	17,601	53.34%		F	Less activity than plan
TOTAL EXPENSES BEFORE DEPRECIATION	2,313,220	1,001,984	3,315,205	3,390,787	75,582	2.08%		F	
Depreciation Expenses	166,710	174,576	358,020	341,286	(16,734)	-4.90%		U	
TOTAL EXPENSES AFTER DEPRECIATION	2,479,930	1,176,560	3,673,225	3,732,073	58,848	1.44%		F	
Excess of Revenue over Expenses	95,127	(431,225)	(352,832)	(404,782)	(65,746)				

College of Medical Radiation Technologists of Ontario

Balance Sheet

As At September 30, 2017

	Current YTD	Previous YTD Quarter
ASSETS		
Current Account	245,835	461,175
Charge Card Clearing Account	0	(534)
Petty Cash	169	239
Interest Receivable	11,966	6,446
Prepaid Expenses	19,613	40,145
Total current assets	277,583	507,472
Total fixed assets	496,513	325,896
Investments	2,243,264	2,241,057
TOTAL ASSETS	3,017,359	3,074,424
LIABILITIES		
Accounts Payable	0	(534)
HOOPP Pension Payable	18,515	13,641
HST Receivable	(65,487)	(49,982)
HST Payable	105,431	115,373
Deferred Revenue *	1,589,080	1,589,080
Deferred Lease Inducement *	84,074	84,074
TOTAL LIABILITIES	1,731,613	1,751,652
EQUITY		
Surplus from Previous Year	1,190,619	1,190,619
Net Income/Loss Year to Date	95,127	132,154
TOTAL EQUITY	1,285,747	1,322,773
TOTAL LIABILITIES & EQUITY	3,017,359	3,074,424

* These balances are as at January 1st of the current year and will be adjusted as part of the audit process at year-end

College of Medical Radiation Technologists of Ontario

Capital Budget & Expenditures Schedule

For the Period January 1, 2017 To September 30, 2017

	Current YTD	Forecast Remaining Year	Annual Forecast	Annual Budget	Variance	Variance Explanation
Computer Hardware	48,306	12,794	61,100	66,000	4,900	AV upgrade $31,000; additional staff computer & equipment $8,000; replacement work stations $6,500; server $4,100; scanners $5,500
Computer Software	175,588	293,412	469,000	465,250	(3,750)	CRM2016 upgrade College Membership Management (CMM) $430,000, Template project $30,000; QA portfolio enhancements $5,000
Website Software	0	2,500	2,500	25,000	22,500	Website enhancements
Office Equipment	4,775	100,000	104,775	10,000	(94,775)	New furniture for additional staff to support the regulation of sonographers
Office Renovations Sonography	17,723	67,322	85,045	0	(85,045)	Renovation costs to accommodate additional staff
Total Expenditures	**228,668**	**476,029**	**722,420**	**566,250**	**(156,170)**	

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting:**	December 8, 2017
From:	Finance and Audit Committee	**Date:**	November 10, 2017
Subject:	Investment Report to Council for Quarter 3 2017 (July 1 – September 30, 2017)		

The Finance and Audit Committee has reviewed the attached investment report for the quarter ending September 30, 2017 and is pleased to highlight the following matters for Council:

	Quarter 1 2017	Quarter 2 2017	Quarter 3 2017
Compliance with Investment Policy 4.7 approved December 9, 2014	Yes	Yes	Yes
Interest Earned in each quarter	$7,027.33	$6,985.50	$7,728.00
Interest Earned year to date	$7,027.33	$14,012.83	$21,740.83
Average Rate of Return year to date *	0.31%	0.63%	0.97%
Accrued Interest on Total Portfolio **	$10,558.00	$6,446.00	$11,966.00
Total Portfolio Value including Accrued Interest	$2,240,517	$2,247,502	$2,255,230

* Average Rate of Return year to date = Interest Earned year to date/Average Portfolio Value

** Accrued Interest on Total Portfolio is interest earned but not received yet

CIBC Wood Gundy

PORTFOLIO EVALUATION (CAD)

As of September 29, 2017

COLLEGE OF MEDICAL RADIATION TECHNOLOGISTS OF ONTARIO (415138742C)

Your Investment Advisor Bryan Baker
CIBC Wood Gundy

Last Purchase	Quantity	Description	ACB	Book Value	Market Price	Market VL	% of Total	Ann. Int./Div.	Annual Income	CCY	Current Yield	Market Yield	Maturity Cost	Maturity Market	G/L (%)	Unrealized G/L **
Cash & Cash Equivalents																
Cash																
	34,125	ACCOUNT BALANCE CAD	1.000	34,125	1.000	34,125	1.52									
Securities Expiring Within a Year																
04/21/2017	100,000	CIBC FUL (NO 1.13% 18OC17	100.000	100,000	100.500	100,500	4.48	1.13		1.13	1.13		1.13		0.50	500.00
12/22/2014	100,000	HSBC BK CDA 2.05% 22DC17	100.000	100,000	100.000	100,000	4.46	2.05	2,050	2.05	2.05	2.05	2.05	2.02		
12/28/2016	350,000	CIBC FUL (NO 1.45% 28DC17	100.000	350,000	100.000	350,000	15.60	1.45	5,075	1.45	1.45	1.45	1.45	1.43		
06/28/2016	250,000	B2B BK GIC A 1.8% 28JN18	100.000	250,000	100.000	250,000	11.14	1.80	4,500	1.80	1.80	1.80	1.80	1.79		
06/28/2016	250,000	LBC GIC A 1.8% 28JN18	100.000	250,000	100.000	250,000	11.14	1.80	4,500	1.80	1.80	1.80	1.80	1.79		
Total Securities Expiring Within a Year				***$ 1,050,000***		***$ 1,050,500***	***46.83 %***		***$ 16,125***	***1.64 %***	***1.64 %***	***1.70 %***	***1.64 %***	***1.68 %***	***0.50 %***	***$ 500.00***
Mutual Funds-Money Market																
06/25/2015	99,113.770	B2B BK HIGH INT INVS(100)	1.000	99,114	1.000	99,114	4.42	0.01	942		0.95	0.95				0.20
09/23/2015	10,449.580	TD INVST SVG ACCOUN(8150)	10.000	104,496	10.000	104,496	4.66	0.10	993		0.95	0.95				
Total Mutual Funds-Money Market				***$ 203,609***		***$ 203,610***	***9.08 %***		***$ 1,935***		***0.95 %***	***0.95 %***				***$ 0.20***
Total Cash & Cash Equivalents				***$ 1,287,734***		***$ 1,288,234***	***57.43 %***		***$ 18,060***	***1.64 %***	***1.53 %***	***1.57 %***	***1.64 %***	***1.68 %***	***0.25 %***	***$ 500.20***
Short-Term																
Guaranteed Investment Certificate																
12/22/2014	100,000	MTL TR A 2.32% 22DC18	100.000	100,000	100.000	100,000	4.46	2.32	2,320	2.32	2.32	2.32	2.32	2.32		
12/22/2014	100,000	NTL TR A 2.57% 22DC19	100.000	100,000	100.000	100,000	4.46	2.57	2,570	2.57	2.57	2.57	2.57	2.57		
Total Short-Term				***$ 200,000***		***$ 200,000***	***8.92 %***		***$ 4,890***	***2.45 %***	***2.45 %***	***2.45 %***	***2.45 %***	***2.44 %***		
Other																
Miscellaneous - Other Funds																
09/21/2015	101,485.530	ALTA HIGH INT CASHPE(100)	1.000	101,486	1.000	101,486	4.52	0.01	965		0.95	0.95				
09/21/2015	10,147.107	BNS INVST SVG ACCOU(1300)	10.000	101,471	10.000	101,471	4.52	0.10	964		0.95	0.95				
09/21/2015	101,479.400	ML BK INVST SVG ACCO(510)	1.000	101,479	1.000	101,479	4.52	0.01	964		0.95	0.95				
09/21/2015	10,148.928	RBC INVST SVG ACCOU(2010)	10.000	101,489	10.000	101,489	4.52	0.10	964		0.95	0.95				
06/15/2016	349,104.580	REN HIGH INT SVG AC(5000)	1.000	349,104	1.000	349,105	15.56	0.01	2,891	0.90	0.83	0.83				0.35
Total Other				***$ 755,030***		***$ 755,030***	***33.66 %***		***$ 6,748***	***0.90 %***	***0.89 %***	***0.89 %***				***$ 0.35***
Total				$ 2,242,764		$ 2,243,264			$ 29,697			1.41 %			0.09 %	$ 500.55

Accrued Interest:	$ 11,966
Declared and Unpaid Dividends:	
Total Portfolio Value:	$ 2,255,230

** Where applicable, Unrealized G/L includes accumulated interest.
Accumulated interest is included in the "ACB" / "Invested Cost" and in the "Book Value" / "Invested Capital" columns.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

STRATEGIC PLAN

2017-2021

COMMITMENT TO REGULATORY EXCELLENCE

Approved by Council December 9, 2016

CONTENTS

MISSION

The mission of the CMRTO is to regulate the profession of medical radiation technology to serve and protect the public interest

VALUES

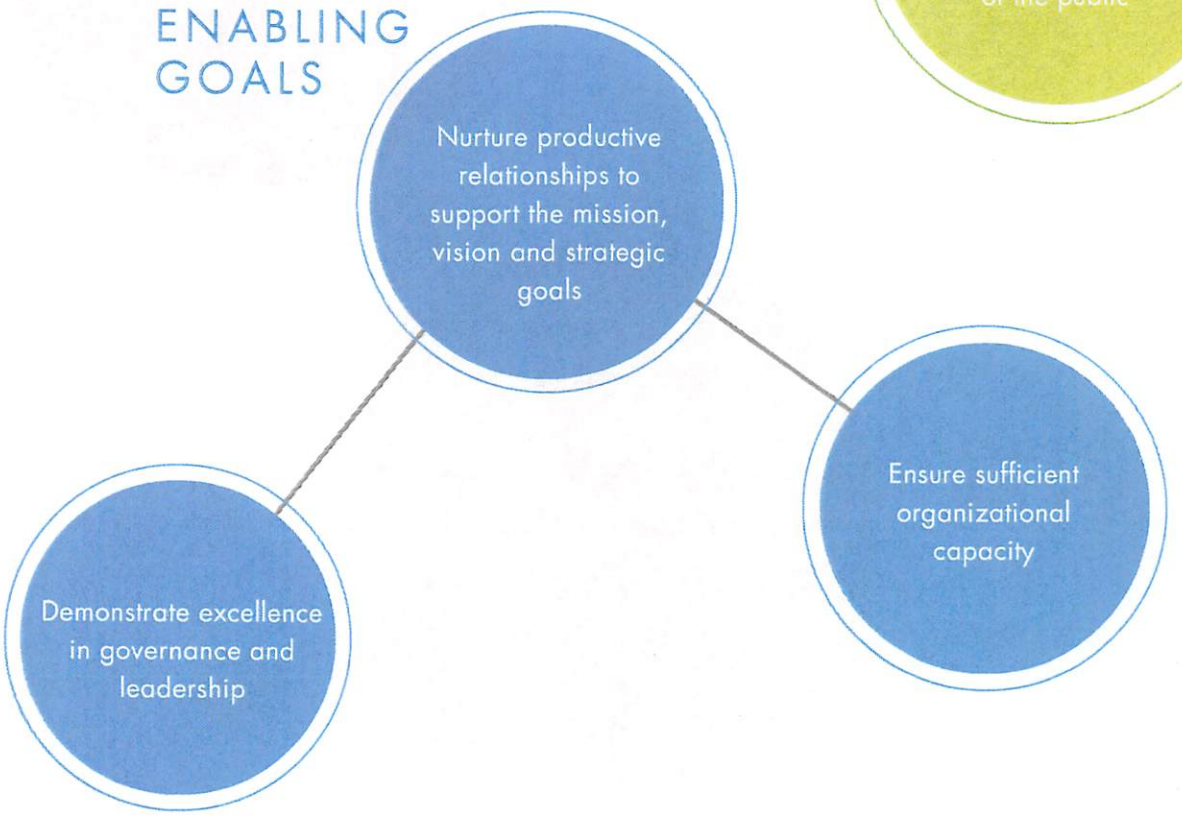
Integrity
—
Fairness
—
Transparency
—
Respect
—
Professionalism

VISION

The CMRTO is a future-focused, responsive, collaborative regulator committed to excellence

STRATEGIC GOALS

ENABLING GOALS



COMMITMENT TO REGULATORY EXCELLENCE

We are pleased to share with you the 2017-2021 Strategic Plan of the College of Medical Radiation Technologists of Ontario (CMRTO). This Plan commits us to the continuing pursuit of excellence and accountability in our public protection mandate. Health regulatory colleges, including the CMRTO, are part of the health care system in Ontario and help to ensure excellence in care delivery. Regulated health professionals, and, in our case, medical radiation technologists (MRTs), are accountable to their health regulatory colleges for the quality of care they provide.

Great change is underway in Ontario's health care system. We are seeing a heightened focus on the patient, new models of care, the relentless pursuit of optimal value for health care dollars spent, and expectations of professionals to continuously improve the delivery of quality health services. Further, the field of medical radiation technology is advancing as innovative technologies are introduced. In the context of all these developments, MRTs will continue to experience change in their workplace environment and be called on to respond.

The Plan presents our roadmap for the next five years. We intend to make progress on our three strategic goals and reinforce our enabling capabilities. Faithful to our vision, mission, and values, we will continue to bring our regulatory lens to support the continuing competence of MRTs in the delivery of safe and effective services in this rapidly changing environment. We will increase our efforts to engage with and be accessible to the public. To help ensure a patient-centred effective health system, we will strengthen the work we do with our valued partners both in fulfilling our important regulatory role and serving as a trusted resource.

We look forward to meeting the challenges set out in this Strategic Plan.

Wendy Rabbie, MRT(R)
President

Linda Gough, MRT(R), MPA
Registrar & CEO

INTRODUCTION

ROLE

The College of Medical Radiation Technologists of Ontario (CMRTO) regulates medical radiation technologists (MRTs) in Ontario. In Ontario, regulated health professions are governed under the *Regulated Health Professions Act, 1991* (RHPA) and health profession Acts (for the CMRTO, *the Medical Radiation Technology Act, 1991*). This legislative framework establishes health regulatory colleges, which regulate the professions in the public interest. Health regulatory colleges are responsible for ensuring that regulated health professionals provide health services in a safe, effective and ethical manner. CMRTO does this by ensuring that MRTs are competent to practice and are practising professionally. Schedule 2 to the RHPA, the *Health Professions Procedural Code*, sets out requirements that ensure that health professional regulation in Ontario is transparent, objective, impartial and fair for those seeking to become regulated health professionals, for the regulated health professionals who are governed by the health regulatory colleges, and in particular, for patients and members of the public.

CMRTO's powers and duties derive from this legislative framework. The CMRTO Council recognizes these obligations as the central mandate of the organization.

GOVERNANCE

The Council is the governing body of the CMRTO. The Council is made up of both members of the public, who are appointed by the provincial government, and members of the profession who are elected from the membership. In addition to the Council, the CMRTO has a number of statutory committees to manage the regulatory activities of the CMRTO. The statutory committees are made up of members of the public who are appointed to the Council, members of the profession who are elected to the Council, and members of the profession who are appointed by the CMRTO Council.

The Council, its committees and management are committed to serve and protect the public interest through progressive, leading-edge governance and regulatory oversight processes.

THIS PLAN

Through the execution of the 2014-2016 Strategic Plan, CMRTO made substantial advancements in innovating and enhancing our regulation in the public interest. We helped facilitate patient-centred care through the development of practice guidelines for MRTs to communicate with patients, provided support to enhance the individual MRT's understanding of their role in self-regulation, and strengthened the profession's contribution to inter-professional teams and quality, safe care. We worked to ensure that the public and stakeholders know what we do through enhanced communications including a new website, electronic communications and social media, and we strengthened our organization and deepened collaboration with our partners.

While the Council felt the previous plan still had resonance, the Council undertook a planning process in the Summer/Fall of 2016. The goal was to step back, review progress, and – considering the environment for MRTs and the organization – renew and refresh the strategic direction of CMRTO identifying where to focus and redouble effort. We reviewed trends, priorities and opportunities for the CMRTO. In a scan of issues external to the organization, Council members reflected on the changes MRTs and the organization face in Ontario's evolving health care system. The senior management team identified changing demands from their perspective and what next steps were called for in certain initiatives underway.

In September 2016, the Council met in a planning session to reflect on the themes from the environment, review the CMRTO's mission, vision and values, and identify the key themes of future priority.

Through robust discussions, Council developed the draft 2017-2021 Strategic Plan. A further session with the Executive Committee and senior staff refined the draft plan. Finally, Council members reviewed the draft and provided further comment.

In December 2016, the Strategic Plan was approved by Council. This Strategic Plan will guide CMRTO through the next five years so that its obligations and mandate continue to be met while recognizing and responding to the rapidly evolving health care environment.

We helped facilitate patient-centred care through the development of practice guidelines for MRTs.

OUR MISSION, VISION AND VALUES

MISSION

Our mission is a statement of organizational purpose and reflects our core mandate as set out in legislation:

The mission of the CMRTO is to regulate the profession of medical radiation technology to serve and protect the public interest.

VISION

Our vision describes our organization as we work toward achieving our goals and our full potential. It inspires our future and shapes our directions:

The CMRTO is a future-focused, responsive, collaborative regulator committed to excellence.

VALUES

Our values shape our organizational culture and drive attitudes and behaviour. We seek to demonstrate these values in our decision-making and actions:

- Integrity
- Fairness
- Transparency
- Respect
- Professionalism

STRATEGIC GOALS

Building on a base of sound regulatory processes, these strategic goals have been set by Council because they are primary to the advancement of the CMRTO's mandate for the years 2017-2021. They focus us on what really matters in the context of our dynamic environment.

1. Ensure MRTs continue to practice safely, effectively and ethically in a changing health care environment

MRTs are part of the substantial changes happening in the province's complex health system. We must continue to uphold the highest expectations for public protection through the effective regulation of MRTs. We will deepen our understanding of how the *Patients First*[1] action plan, new models of care delivery, technological changes, and approaches to quality and efficiency are impacting MRT practice. We will ensure our regulatory framework is sufficiently robust and responding as appropriate with standards, policies and practice guidance. In the changing workplace, MRTs must learn what is necessary to continue to demonstrate professional competence and exercise their knowledge, skills and judgement appropriately. The changes affect both the readiness of new professionals and existing practitioners.

Notable in this next period, given the changing workplace environment and collaborative care priority, it is our intention to focus on MRTs communicating effectively and respectfully with others involved in the provision of health care, appreciating their differing scopes of practice. MRTs must assess and respond to patient needs and expectations; they must be mindful of the patient experience and support it with appropriate communications.

Objectives are:

- Promote patient-centred care and collaborative practice by MRTs including effective communications with patients, their families and other health professionals
- Ensure transparent, objective, impartial and fair entry to practice requirements that provide effective public protection
- Advance the regulatory framework for MRTs relative to evolving technologies and practice
- Ensure MRTs maintain and improve their knowledge, skills and judgement required in changing practice
- Reinforce MRTs' awareness and understanding of their professional responsibilities and accountabilities

2. Enhance the confidence of all stakeholders in the regulation of MRTs

Regulation is about public protection and safety and must be built on a foundation of transparency, performance and accountability.

We will continue to ensure MRTs have the necessary tools to understand and communicate their public protection obligations. More broadly, we know that the public and key stakeholders such as patients, MRTs, employers and other health professionals need access to appropriate information in order to trust that the system of self-regulation works effectively. To strengthen public and stakeholder confidence in what we do, CMRTO will continue to examine and evolve our practices to ensure access by all stakeholders to relevant, credible and accurate information about our priorities and activities.

[1] Patients First is Ontario's plan for changing and improving Ontario's health system. See its Action Plan for health care at http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

We recognize that our regulatory response can and should be informed by the experience and wisdom of patients, families, caregivers, employers, other health care professionals, and the public. We will ensure we have a good understanding of stakeholder perceptions of CMRTO's accountability and address any gaps. In particular, through mechanisms of deeper engagement, we will seek to listen to the voice of patients and incorporate their perspectives.

Objectives are:

- Engage the public in the effective regulation of MRTs
- Engage MRTs in fulfilling their role in self-regulation
- Support employers in meeting their obligations with respect to the regulation of MRTs
- Enhance understanding among health professionals about the role and regulation of MRTs

3. Contribute and respond to government initiatives to ensure the continued protection of the public

Heightened expectations of public safety, professionalism and accountability are driving public policy shifts. The landscape of regulation and health care policy is being reshaped. The CMRTO must stay current with rapidly responding system-and practice-level challenges and changes as they arise. We will aim to continue to be a trusted resource for government and other system stakeholders by proactively providing perspective and advice in areas related to our expertise, as requested and as appropriate. The CMRTO must respond in a timely and transparent fashion and adjust its work to support government and agency initiatives. In addition, CMRTO must ensure MRTs are aware of and understand the evolving regulatory framework and their obligations, and can gain and exercise the appropriate knowledge, skills and judgement to continue to practise effectively, efficiently and safely.

It is anticipated that the public protection framework will be strengthened through the regulation of diagnostic medical sonographers with CMRTO. This major new responsibility will impact all parts of the organization and its functions. If the CMRTO is directed by the Ministry to assume this responsibility, we will effectively integrate diagnostic medical sonographers into the regulatory framework and amend our practice standards and guidelines as required.

In all these matters, we will work collaboratively and effectively with government, the public, MRTs and relevant stakeholders.

Objectives are:

- Participate in the development of public policy and regulatory innovation in the public interest
- Implement regulatory changes effectively and transparently
- Facilitate the regulation of diagnostic medical sonographers
- Be seen as a valued resource in regulatory change to protect the public

We will continue to ensure MRTs have the necessary tools to understand and communicate their public protection obligations.

ENABLING GOALS

Enabling Goals are the underpinning foundation for achieving the Strategic Goals. They identify critical success factors that must also be achieved over the next period.

4. Demonstrate excellence in governance and leadership

Building on the achievements of our last Strategic Plan, the CMRTO remains committed to strengthening and enhancing the quality of its governance and leadership. We recognize this aspect as critical to our strength and accountability. We will continue to ensure Council and committee members have the necessary resources and education to fulfil their obligations in an ever-changing and complex environment.

We will continue to monitor the effective implementation of the Strategic Plan, and promote a culture of integrity, fairness, transparency, respect, and professionalism. As we are dedicated to measuring and monitoring our effectiveness we will continue to provide relevant performance information in our public and government reports.

Objectives are:

- Maintain the effectiveness of the CMRTO Council and the committees
- Continue the systematic review of governance policies and processes and revise when necessary
- Continue to demonstrate regulatory accountability, performance and compliance

5. Ensure sufficient organizational capacity

The success of the CMRTO's work hinges on a well-aligned and high-performing organization to meet our statutory obligations and deliver on the mission, vision and strategic plan. The CMRTO must have the necessary financial resources, people and facilities to do the work of regulation.

Over the next period, the CMRTO Council will continue to demonstrate responsible stewardship of the organization's finances to maintain financial sustainability. We will strive to maintain the appropriate complement of high-functioning staff in a healthy work environment.

There are increased expectations for health regulatory colleges to facilitate ehealth and enhanced information to the government, its agencies and the public. CMRTO's systems must be robust for new requirements as they emerge while continuing to be utilized and improved to support our strategic goals and operational needs. In this Strategic Plan, we allocate effort to ensuring the continued sufficiency of our information management and technology.

Objectives are:

- Maintain an optimal level of:
  - Finances
  - Human Resources
  - Facilities
- Ensure that our information technology systems and content meet regulatory, operational and strategic requirements

6. Nurture productive relationships to support the mission, vision and strategic goals

A significant enabler of all the strategic goals is the quality of the relationships the CMRTO builds and maintains with stakeholders and other organizations. We believe that collaboration contributes to better outcomes. The CMRTO will continue to foster strong partnerships and work with stakeholders including government and its agencies, the professional associations of MRTs and diagnostic medical sonographers, our peer regulators in other provinces, educational institutions, and others. Working with other organizations informs our efforts, advances our goals and maximizes our potential.

We recognize the on-going initiatives of the provincial government and other stakeholders to transform and restructure the health care system — making it more integrated, accessible, transparent and accountable. Using our insights, expertise and passion for public protection, we will support this wider work as part of Ontario's health care system.

Our objective is to foster effective relationships with stakeholders and organizations, including:

- Ministry of Health and Long-Term Care (MOHLTC)
- HealthForceOntario (HFO)
- Health Quality Ontario (HQO)
- Office of the Fairness Commissioner (OFC)
- Federation of Health Regulatory Colleges of Ontario (FHRCO)
- Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC)
- Ontario Association of Medical Radiation Sciences (OAMRS)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- Ontario Association of Radiology Managers (OARM)
- Sonography Canada
- Other professional associations
- Other regulators
- Educational institutions
- Employer groups
- Other organizations, agencies, and service providers

We recognize the on-going initiatives of the provincial government and other stakeholders to transform and restructure the health care system...

CONCLUSION

Our past achievements demonstrate that the CMRTO is already a highly effective, responsive and collaborative regulator.

This Strategic Plan sets out the roadmap for an exciting journey and the CMRTO Council is committed to ensuring the execution of the plan. The Council has directed staff to develop annual operating plans articulating strategies and tactics to implement the Strategic Goals and their objectives.

The Council will review this 2017-2021 Strategic Plan annually and update it as necessary given developments internally and externally.

APPENDIX A: Environmental Scan

These themes, amongst others, informed the Council's planning and shaped the directions of the Strategic Plan.

Patients First

The Ministry of Health and Long Term Care (MOHLTC) is continuing to transform and restructure the health care system — making it more integrated, accessible, transparent and accountable. Its "Patients First" action plan contemplates fundamental changes to the system to address the disparate way different health services are planned and managed. On December 7, 2016, the Ontario Legislature passed Bill 41, the *Patients First Act*. This legislation proposes a reorganization of Ontario's health care system, with a strengthened role and mandate for Ontario's 14 Local Health Integration Networks.

Radiation Protection Legislation

In July 2016 Health Quality Ontario (HQO) issued its *Report and Recommendations of Modernizing Ontario's Radiation Protection Legislation* which made recommendations regarding expanding the scope of legislation for radiation protection in Ontario to include all energy-applying medical devices and introducing modernized legislation, regulation, and accountability mechanisms. The government is currently considering the recommendations which would require legislative and organizational changes. Changes to this legislation will impact most MRTs in Ontario.

Independent Health Facilities Regulation

The 2015 data from the Canadian Institute of Health Information (CIHI) indicates that 15% of the CMRTO members are employed in Independent Health Facilities. Any changes in this sector will directly affect those members. In 2016, HQO issued its report *Building an Integrated System for Quality Oversight in Ontario's Non-Hospital Medical Clinics* which made thirteen broad recommendations. One major recommendation was that the Independent Health Facilities and Out-of-Hospital Premises quality programs should be consolidated into a single regulatory model that can easily encompass procedures not currently regulated in existing programs. The government is currently considering the recommendations which would require legislative and organizational changes to the current system.

Regulated Health Professions Act (RHPA)

MOHLTC continues to press forward with its transparency initiative which may include amendments to the RHPA directing what information health regulatory colleges must make available on their pubic registers and websites. The *Sexual Abuse Task Force (SATF) Report* also recommends changes to the RHPA structure. The government is expected to act in response and has already indicated their intention to introduce an initial set of amendments to the RHPA in the fall of 2016.

Health Information Protection Act

Bill 119, the *Health Information Protection Act*, received Royal Assent in May 2016. It was aimed at protecting patient privacy and improving transparency. The Act amends two key pieces of legislation, the *Personal Health*

Information Protection Act (PHIPA) and the *Quality of Care Information Protection Act (QCIPA)*. Changes now require organizations to report to the relevant health regulatory colleges if there is believed to be professional misconduct, or if the health practitioner in question is incompetent or incapacitated. There is also the requirement to alert the relevant health colleges in cases where an employee or agent of a health information custodian is terminated, suspended or subject to disciplinary action arising out of unauthorized collection, use, disclosure and other privacy infringements.

Bill 119 also allows the MOHLTC to prescribe by regulation the information that health regulatory colleges are required to obtain from their members and provide to MOHLTC in order to facilitate ehealth. The full implementation of ehealth will rely on regulatory colleges' member data and information.

The proposed regulation of diagnostic medical sonographers

Diagnostic medical sonographers are health care practitioners who use soundwaves for diagnostic ultrasound to produce diagnostic images of the body. Diagnostic medical sonographers are not regulated and under the Controlled Acts regulation of the RHPA, any person is authorized to apply soundwaves for diagnostic ultrasound provided the procedure is ordered by an authorized health practitioner. This is a serious gap in the public protection framework for diagnostic imaging, and the position of the CMRTO Council is that it is in the public interest to regulate diagnostic medical sonographers with CMRTO under the RHPA.

In September 2000, the Health Professions Regulatory Advisory Council (HPRAC) recommended to the Minister of Health and Long Term-Care that diagnostic sonographers be regulated under the RHPA and as part of the profession of medical radiation technology governed by the CMRTO. In July 2008, the Minister of Health and Long-Term Care requested HPRAC to make recommendations on the currency of, and any additions to, advice provided in relation to the regulation of diagnostic sonographers. The HPRAC report was released in August 2015 and recommends that diagnostic medical sonographers be regulated with CMRTO as a fifth specialty.

CMRTO Council approved the formation of a Sonography Implementation Group (SIG) to advise Council on the required amendments should the government decide to regulate diagnostic medical sonographers with CMRTO. SIG met five times in early 2016, and developed 27 recommendations for amendments to the MRT Act, the registration, quality assurance and professional misconduct regulations, the CMRTO standards of practice and other policies, should the government decide to regulate diagnostic medical sonographers with CMRTO. The 27 recommendations were presented to the CMRTO Council in June 2016, and Council released a public statement supporting the proposed regulation of diagnostic medical sonographers in the public interest.

In September 2016, the recommendations of the Sexual Abuse Task Force (appointed by the Minister of Health and Long-Term Care to provide advice on strengthening the sexual abuse provision of the RHPA), were released. These recommendations include one that states that diagnostic medical sonographers should be regulated under the RHPA with an existing college.

The CMRTO continues to work with the Ministry of Health and Long-Term Care, professional associations, and diagnostic medical sonographers to support and implement the regulation of diagnostic medical sonographers with CMRTO, should the government decide to act on the advice provided by HPRAC and the Sexual Abuse Task Force.

Technological advances in diagnostic and therapeutic equipment

Therapeutic and diagnostic imaging technology is rapidly evolving. As recognized in the environmental scan done prior to the last strategic plan, developments in hybrid technologies are requiring MRTs who have previously specialized in one modality to operate in an additional modality. Other technological advancements are happening too. MRTs at all stages of their professional career must have the requisite knowledge, skills and judgement to use these advances in equipment safely.

The changing workplace

Optimizing utilization of health human resources has been a consistent theme over the last decade. The result has been a real focus on "lean" and finding efficiencies as well as leveraging and optimizing health care teams. Providers of health care must work together to provide and improve health care services in the best interests of the public. Yet, their effectiveness depends greatly on the team members' knowledge of one another's roles and scopes of practice, mutual respect, willingness to cooperate and collaborate, and organizational supports. MRTs are part of the interprofessional care team, where work processes are changing including the "who does what." It is becoming important to understanding other health professionals and their scope. MRTs must be able to function and exercise the knowledge, skills and judgement to successfully adapt to changes in health care delivery models.

Increasing patient expectations of health care and health professionals

As noted three years ago in the environmental scan, patients and their families may know a great deal about the tests and treatments being performed and the technology to be used. In the health care system today, there is an increased focus on the patient's experience, and making the patient a central member of the team. Patients and their families expect to be listened to and receive timely, accurate and complete information that will help empower them about their own care. MRTs must be able to provide appropriate responses to patient inquiries about procedures and related issues in an increasingly complex and multi-cultural health care delivery setting.

Professional accountability and transparency

The public is engaged and interested to the health system's performance. Health professionals and their regulatory colleges continue to experience an increased demand for strong oversight and accountability as well as transparency. Health colleges must make responsibilities clear for their members and provide mechanisms to hold members to account. In addition, regulators must facilitate the public having easy access to accurate and relevant information so that patients are confident that there are vigorous regulatory processes designed to protect them.

NOTES

College of
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Technologists of
Ontario

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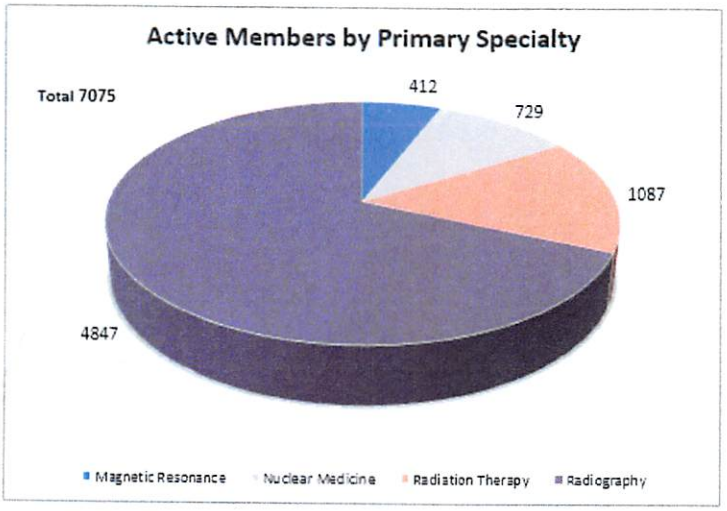
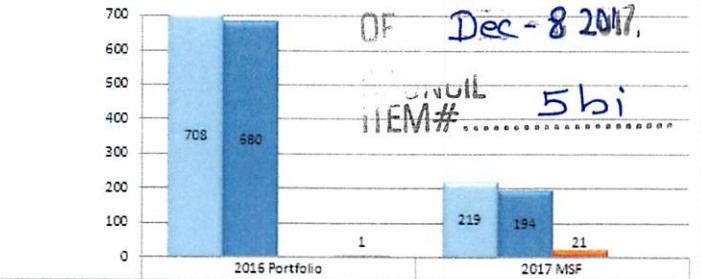
CMRTO Dashboard Q3 2017: January 1 - September 30, 2017

Active Members by Primary Specialty

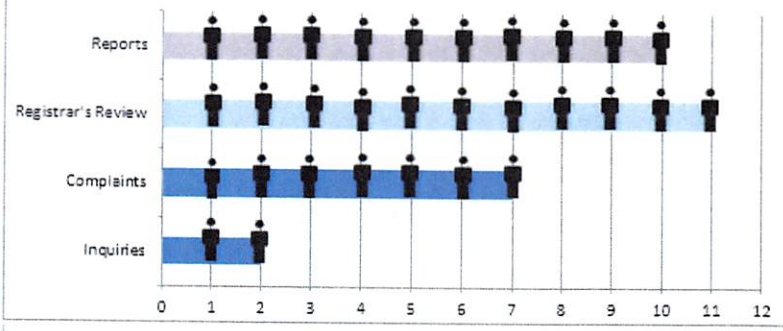


Quality Assurance

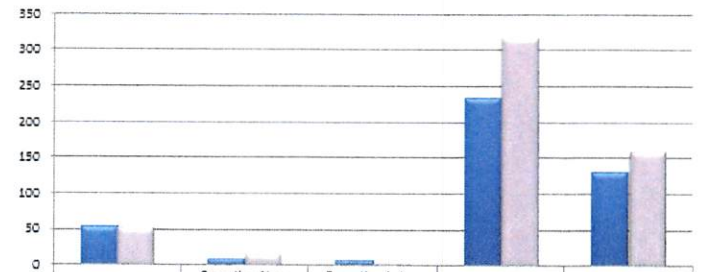


	2016 Portfolio	2017 MSF
Req'd to Submit	708	219
Met Requirements	680	194
In Progress		21
Referred to ICRC	1	

Professional Conduct New Cases

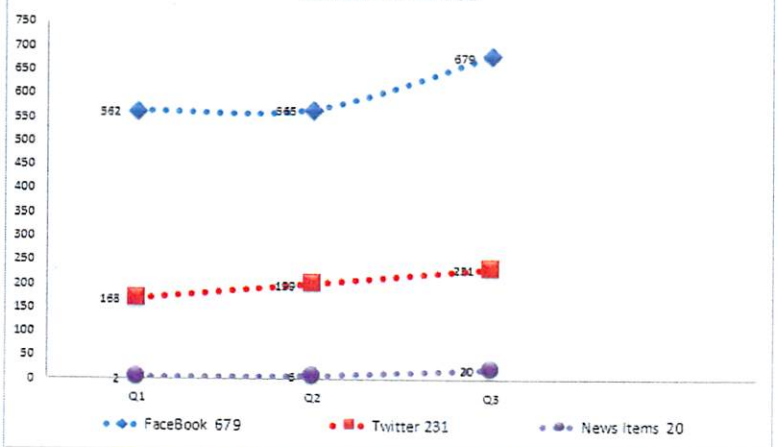


Registration Applications

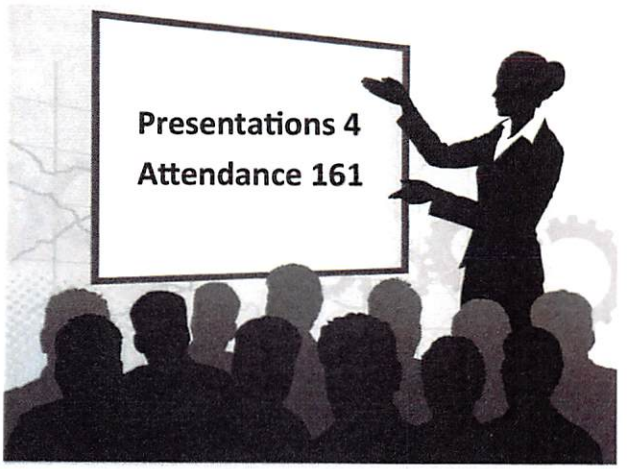


	International	Canadian Non-Labor Mobility	Canadian Labor Mobility	Ontario	Reinstatements
2017	54	8	7	234	130
2016	53	15	3	318	159

Social Media Use



Strategic & Member Engagement



Conference Booth Visits— 849

# of Conferences– 7

Strategic Plan Progress

	On target
Ensure MRTs continue to practise safely, effectively and ethically in a changing health care	✓
Enhance the confidence of all stakeholders in the regulation of MRTs	✓
Contribute and respond to government iniatives to ensure the continued protection of the public	✓

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Briefing Note

To:	Council		
From:	Linda Gough, Registrar & CEO	**Date:**	November 17, 2017
Subject:	2018 Operational Plan		

This agenda item is for:

- [x] Decision
- [ ] Direction to staff
- [ ] Discussion
- [ ] Information

Included in this section is the draft 2018 Operational Plan, which I have developed from the Strategic Plan 2017 - 2021. This was reviewed by the Executive Committee on November 9, 2017, and amended, and is being referred to Council with a recommendation for approval. The draft 2018 Operational Plan is the basis for the 2018 draft budget.

At the December 8, 2017 Council meeting, Council will review, amend if appropriate, and approve the following:

- The 2018 Operational Plan
- The 2018 Budget

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

2018

Operational Plan

Commitment to Regulatory Excellence

Draft 2

November 9, 2017

375 University Avenue, Suite 300, Toronto, ON, M5G 2J5 tel (416) 975-4353 fax (416) 975-4355 1 (800) 563-5847 www.cmrto.org

The lead person column sets out which of the CMRTO senior staff are charged with the initiative, project or activity. For those activities related to the Registrar's contract and succession planning, the President is the lead person. Following is a list of the initials used in this column:

- WR = Wendy Rabbie, President
- LG = Linda Gough, Registrar & CEO
- CM = Caroline Morris, Deputy Registrar
- AH = Annette Hornby, Director of Quality Assurance
- TL = Tina Langlois, Director of Professional Conduct
- TS = Toufic El Saifi, Director of Corporate Services

1. Ensure members continue to practice safely, effectively and ethically in a changing health care environment

1.1 Promote patient-centred care and collaborative practice by medical radiation and imaging technologists including effective communications with patients, their families and other health professionals

Item	Initiatives, projects and activities	Year	Lead person
1.1 a	Prepare and educate diagnostic medical sonographers of their new accountabilities under the *Medical Radiation Technology Act* and *Medical Radiation and Imaging Technology Act*	2018 - 2019	LG
1.1 b	Continue with implementation of communication plan including social media, blogs, You Tube videos	2018	LG
1.1 c	Promote patient information poster to all hospitals, IHFs and cancer centres and refresh, when appropriate	2018-2019	LG
1.1 d	Promote members awareness and use of the communication guidelines set out in 'What you must know about.... communicating with patients'	2018-2019	LG
1.1 e	Promote MRTs' understanding and accountability in delivering patient-centred care in their practice, and communicating with patients and families through practice articles and social media	2018	LG

1.2 Ensure transparent, objective, impartial and fair entry to practice requirements that provide effective public protection

Item	Initiatives, projects and activities	Year	Lead person
1.2 a	Implement amended registration regulation, develop policies to support and register diagnostic medical sonographers as a fifth specialty by the end of 2018	2018	CM
1.2 b	Implement new EQual Canada accreditation process as method to approve educational programs, in collaboration with AMRTRC, CAMRT, Sonography Canada, educational institutions, and other regulators and certification bodies	2018 - 2019	LG/CM
1.2 c	Collaborate with educational institutions and continue with presentations to students and instructors	2018	CM

1.3 Advance the regulatory framework for medical radiation and imaging technologists relative to evolving technologies and practice

Item	Initiatives, projects and activities	Year	Lead person
1.3 a	Monitor amendments to the *Medical Radiation Technology Act* and *Medical Radiation and Imaging Technology Act*, or other legislation, and ensure congruence with CMRTO standards and guidelines	2018 - 2019	LG
1.3 b	Participate in Ministry Task Force for the Development of Standards for X-Rays, if approved	2018	LG
1.3 c	Continue to implement the CMRTO Transparency Implementation Plan	2018	TL
1.3 d	Participate in CPSO Diagnostic Imaging Task Force to update the IHF Clinical Practice Parameters and Facility Standards for Diagnostic Imaging	2018	AH
1.3 e	Consider the development of guidelines on the performance of Authorized Acts under the RHPA framework such as applying a form of energy in the provision of health services	2018 - 2019	LG/TL
1.3 f	Participate in other reviews of existing or proposed legislation, as requested and appropriate	2018	LG/TL

1.4 Ensure medical radiation and imaging technologists maintain and improve their knowledge, skills and judgement required in changing practice

Item	Initiatives, Projects and Activities	Year	Lead person
1.4 a	Continue to educate members on changes to legislation, standards and guidelines affecting their practice	2018	LG
1.4 b	Educate members on new additional condition on certificates of registration and the impact on specialization and hybrid technologies	2018	LG
1.4 c	Develop and publish 'What you must know about...orders for diagnostic and therapeutic procedures' to explain the legislative framework for orders and different forms of energy	2018 - 2019	LG
1.4 d	Update CMRTO QA Program relating to new standards of practice and discontinue the print version of the program (mandatory ePortfolio)	2018 - 2019	AH

1.5 Reinforce medical radiation and imaging technologists' awareness and understanding of their professional responsibilities and accountabilities

Item	Initiatives, Projects and Activities	Year	Lead person
1.5 a	Update and promote CMRTO publication 'What you must know about....professional accountability',	2018	LG/TL
1.5 b	Continue to interact with MRTs at association conferences and educational days, where appropriate	2018	LG/CM/ AH/TL
1.5 c	Update on-line legislation learning package and quiz for applicants and members, as required. Promote as continuing education or QA resource	2018	AH/TL
1.5 d	Translate legislation learning package and self-assessment quiz into French, and make available to applicants and members on website	2018	AH

2. Enhance the confidence of all stakeholders in the regulation of medical radiation and imaging technologists

2.1 Engage the public in the effective regulation of medical radiation and imaging technologists

Item	Initiatives, Projects and Activities	Year	Lead person
2.1 a	Continue with public consultation section of website for consultation on proposed regulations, by-laws and policies	2018	LG
2.1 b	Collaborate with FHRCO and other health regulatory colleges regarding the FHRCO public engagement strategy	2018	LG
2.1 c	Continue with implementation of the CMRTO transparency initiatives	2018	TL
2.1 d	Amend CMRTO bylaws to remove restriction that President and Vice-President must be professional members	2018	LG

2.2 Engage medical radiation and imaging technologists in fulfilling their role in self-regulation

Item	Initiatives, Projects and Activities	Year	Lead person
2.2 a	Continue with public consultation section of website for consultation on proposed regulations, by-laws and policies	2018	LG
2.2 b	Promote role of members in self-regulation through Council election process and new electoral districts	2018-2019	LG
2.2 c	Continue elected Council members involvement in interacting with members through attendance at conferences and the CMRTO booth	2018	LG/CM AH/TL
2.2 d	Use methods of effective communications to convey medical radiation and imaging technologists' contribution to patient-centred care, such as: videos, practice stories, etc	2018-2019	LG
2.2 e	Continue to provide practice advice to members on request	2018	CM/AH
2.2 f	Audit all remaining members who have not yet been subject to an audit under the QA program to ensure all members are compliant with the requirements of the QA program	2018	AH

2.3 Support employers in meeting their obligations with respect to the regulation of medical radiation and imaging technologists

Item	Initiatives, Projects and Activities	Year	Lead person
2.3 a	Continue to promote public register feature of website, and Patient Information Poster to employers	2018	CM/LG
2.3 b	Enhance employers' section of CMRTO website	2018	CM
2.3 c	Continue to engage employers at conferences of Ontario Association of Radiology Managers, Independent Diagnostic Clinics Association, Ontario Hospital Association, and others	2018	LG/CM AH/TL
2.3 d	Continue to provide information regarding mandatory reporting obligations as requested	2018	TL
2.3 e	Explore the possibility of developing an employers list-serve for the electronic distribution of relevant information to employers	2018	CM

2.4 Enhance understanding among health professionals about the role and regulation of medical radiation and imaging technologists

Item	Initiatives, Projects and Activities	Year	Lead person
2.4 a	Promote use of existing interprofessional care resources and tools, e.g. FHRCO's IPC tool	2018	LG
2.4 b	Continue to meet and collaborate with other professions regarding regulatory issues affecting medical radiation and imaging technologists (physicians, nurses, dentists, physiotherapists, midwives, chiropractors)	2018	LG
2.4 c	Continue to support and collaborate with other regulators through FHRCO, especially regarding proposed legislative changes to the HARP Act	2018	LG
2.4 d	Continue to participate in CPSO Diagnostic Imaging Task Force to update the IHF Clinical Practice Parameters and Facility Standards for Diagnostic Imaging	2018	AH
2.4 e	Continue to engage with other professions at conferences of Ontario Association of Radiology Managers, Independent Diagnostic Clinics Association, Canadian Association of Radiation Oncology, Ontario Hospital Association, and others	2018	LG/CM AH/TL

3. Contribute and respond to government initiatives to ensure the continued protection of the public

3.1 Participate in the development of public policy and regulatory innovation in the public interest

Item	Initiatives, Projects and Activities	Year	Lead person
3.1 a	Continue with participation and leadership in FHRCO on Policy and Legislative Committee and Executive Committee	2018	LG &TL
3.1 b	Continue with participation and leadership on Alliance of Medical Radiation Technologists Regulators of Canada	2018	LG
3.1 c	Be a resource to medical radiation and imaging technologists' associations in other jurisdictions persuing regulation	2018	LG /TL
3.1 d	Participate in Ministry Task Force for the Development of Standards for X-Rays, if approved	2018	LG
3.1 e	Participate in other reviews of existing or proposed legislation, as requested and appropriate	2018	LG
3.1 f	Nurture productive relationships with MOHLTC, HPRAC, FHRCO, CPSO, OFC, Health Quality Ontario	2018	LG/CM/ AH/TL

3.2 Implement regulatory changes effectively and transparently

Item	Initiatives, Projects and Activities	Year	Lead person
3.2 a	Implement regulation of diagnostic medical sonographers including registration, updating QA program, revising by-laws, revising and implementing new electoral districts, etc	2018-2019	LG/CM AH/TL
3.2 b	Implement new *Medical Radiation and Imaging Technology Act* including new logo, new brand standards, updating website and all publications, revising by-laws and corporate notices	2018-2019	LG/CM AH/TL
3.2 c	Implement any amendments to regulations or new regulations under RHPA (*Protecting Patients Act*) as needed	2018	LG /TL
3.2 d	Continue to implement the CMRTO Transparency Implementation Plan including by-law changes	2018	LG /TL

3.3 Facilitate the regulation of diagnostic medical sonographers

Item	Initiatives, Projects and Activities	Year	Lead person
3.3 a	Continue to be a resource to the Ministry regarding the regulatory changes needed to protect the public through the regulation of diagnostic medical sonographers with CMRTO	2018	LG
3.3 b	Continue to collaborate with the OAMRS, Sonography Canada and other stakeholders regarding the regulation of diagnostic medical sonographers with CMRTO	2018	LG
3.3 c	Establish relationships with accreditation and inspection groups for diagnostic medical sonography	2018	LG
3.3 d	Implement the regulation of diagnostic medical sonographers	2017	LG/CM/ AH/TL

3.4 Be seen as a valued resource in regulatory change to protect the public

Item	Initiatives, Projects and Activities	Year	Lead person
3.4 a	Continue to participate in MOHLTC's Transparency Working Group, if it continues	2018	CM
3.4 b	Implement the regulation of diagnostic medical sonographers to ensure the protection of the public as directed by the Ministry	2018	LG
3.4 c	Nurture productive relationships with MOHLTC, HPRAC, FHRCO, CPSO, OFC, Health Quality Ontario	2018	LG/CM/ AH/TL

4. Demonstrate excellence in governance and leadership

4.1 Maintain the effectiveness of the CMRTO Council and the committees

Item	Initiatives, Projects and Activities	Year	Lead person
4.1 a	Continue to engage with the Public Appointments Office to ensure timely appointment of public members and skillsets to support Council compliment	2018	LG
4.1 b	Continue with transitional Council members for diagnostic medical sonography and prepare for election in 2019	2018 - 2019	LG
4.1 c	Review Council composition related to electoral districts, update by-laws and implement electoral changes	2018 - 2019	LG/CM
4.1 d	Review Committee compostion related to size and membership to include the new specialty of diagnostic medical sonography	2018 - 2019	LG/CM AH/TL
4.1 e	Explore possibility of using on-line educational modules on self-regulation and governance for Council and Committee members	2018	LG/AH
4.1 f	Review Council meeting format and determine whether to continue with educational session prior to each Council meeting	2018	LG
4.1 g	Trends, observations and administration issues shared to ensure that the Council and Committees are apprised regarding inter-connections and policy matters	2018	LG
4.1 h	Continue to update Council and Committee orientation manual	2018	LG
4.1 i	Continue to educate Council members on responsibilities and accountabilities set out in CMRTO policies	2018	LG/TL
4.1 j	Continue to support the development of regulatory governance educational sessions with FHRCO	2018	LG/TL
4.1 k	Continue to support FHRCO Discipline Orientation sessions	2018	TL
4.1 l	Explore and finalize format for electronic agendas for Council and Committees	2018	LG/AH/TS
4.1 m	Continue to support attendance by President and other members of Council at relevant conferences and educational sessions	2018	LG

4.2 Continue the systematic review of governance policies and processes and revise when necessary

Item	Initiatives, Projects and Activities	Year	Lead person
4.2 a	Continue with review and update of policies in accordance with review schedule	2018	LG
4.2 b	Review and update CMRTO bylaws to improve plain language and format	2018-2019	LG/ TL

4.3 Continue to demonstrate regulatory accountability, performance and compliance

Item	Initiatives, Projects and Activities	Year	Lead Person
4.3 a	Continue with balanced scorecard and dashboard reporting tools in accordance with Council direction.	2018	LG, CM, AH, TL
4.3 b	Continue with financial and investment reporting to Council	2018	LG
4.3 c	Continue to submit annual reports to Minister of Health and Long-Term Care, the Ontario Fairness Commissioner and others	2018	LG/CM
4.3 d	Continue to meet regulatory obligations related to the registration processes of MRTs	2018	CM
4.3 e	Continue to meet regulatory obligations related to quality assurance	2018	AH
4.3 f	Continue to meet regulation obligations related to professional conduct issues	2018	TL
4.3 g	Continue to develop and implement initiatives to strengthen transparency	2018	TL/LG

5. Ensure sufficient organizational capacity

5.1 Maintain an appropriate level of:

- **Finances**
- **Human Resources**
- **Facilities**

Item	Initiatives, Projects and Activities	Year	Lead person
5.1 a	Review HR policies, salary scales and staffing plan annually	2018	LG/CM
5.1 b	Increase staffing complement in accordance with financial plan to support the regulation of diagnostic medical sonographers	2018	LG/CM
5.1 c	Continue with ongoing budget planning and management, monitor outcomes	2018	LG
5.1 d	Continue with ongoing reserve fund management	2018	LG
5.1 e	Continue with ongoing fee review processes and annual fee determination	2018	LG
5.1 f	Continue with ongoing lease management. Current lease expires in 2019	2018	LG

5.2 Ensure information technology and systems meet regulatory, operational and strategic requirements

Item	Initiatives, Projects and Activities	Year	Lead person
5.2 a	Continue with hardware replacement and upgrade plan	2018	TS
5.2 b	Continue with software upgrades and implementation plan – upgrade to replatform the college register product (CMM) into the cloud environment onto CRM2016 and Adxstudio portals 8.0 versions	2018	CM/TS

5.2 c	Continue with records management initiative – complete digitization of corporate records, develop and implement electronic committee agendas and material with access through portals	2018	AH/ TS
5.2 d	Continue with member services improvement plan – electronic elections, QA ePortfolio app, QA alert	2018	CM
5.2 e	Conduct IT security audit and implement recommendations, as appropriate	2018	TS
5.2 f	Develop, approve and implement IT security policies	2018	TS
5.2 g	Research and secure cyber insurance	2018	TS/LG
5.2 h	Review CMRTO website on new software versions to determine improvement opportunities including the possible use of survey and event management tools	2018	CM/TS
5.2 i	Complete development and implementation of on-line application online process in 2018	2018	CM/TS
5.2 j	Develop and implement project management tools in SharePoint	2018	CM/TS

6. Nurture productive relationships to support the mission, vision and strategic goals

6.1 Foster effective relationships with stakeholders and organizations, including:

Item	Initiatives, Projects and Activities	Lead person
6.1 a	Ministry of Health and Long-Term Care (MOHLTC) and its agencies	LG/CM/TL/AH
6.1 b	HealthForceOntario (HFO)	CM
6.1 c	Health Quality Ontario (HQO)	LG
6.1 d	Office of the Fairness Commissioner (OFC)	CM
6.1 e	Federation of Health Regulatory Colleges of Ontario (FHRCO)	LG/TL
6.1 f	Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC)	LG
6.1 g	Ontario Association of Medical Radiation Sciences (OAMRS)	LG/CM/TL/AH
6.1 h	Canadian Association of Medical Radiation Technologists (CAMRT)	LG/CM/TL/AH
6.1 i	Ontario Association of Radiology Managers (OARM)	LG/CM/TL/AH

6.1 j	Canadian National Network of the Profession of Medical Radiation Technology	LG
6.1 k	Sonography Canada	LG/CM
6.1 l	Other professional associations	LG/CM/TL/AH
6.1 m	Other regulators	LG/CM/TL/AH
6.1 n	Educational institutions for MRT programs	CM
6.1 o	Employer groups	LG/CM/TL/AH
6.1 p	Other organizations, agencies, and service providers	LG/CM/TL/AH

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Briefing Note

To:	Council		
From:	Linda Gough, Registrar & CEO	**Date:**	November 17, 2017
Subject:	CMRTO Salary Ranges		

This agenda item is for:

- [X] Decision
- [ ] Direction to staff
- [X] Discussion
- [ ] Information

At its meeting on November 9, 2017 the Executive Committee reviewed the Statistics Canada Consumer Price Index, August 2017 and a recommendation from the Registrar & CEO.

The Executive Committee has forwarded this item on to Council for its consideration.

CIRCULATED WITH AGENDA

OF DEC - 8 2017

COUNCIL ITEM# 6bii

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council		
From:	Executive Committee	**Date:**	November 23, 2017
Subject:	CMRTO Salary Ranges		

This agenda item is for:

- [X] Decision
- [ ] Direction to staff
- [ ] Discussion
- [ ] Information

In accordance with the provisions set out in Policy 4.8, Salary Ranges for CMRTO Staff & Policy 4.9, Process to Review the Salary Range for the Position of the Registrar & CEO and the Registrar & CEO's Salary, the Executive Committee met on November 9, 2017 regarding the salary ranges and is forwarding a recommendation to Council for consideration and, if appropriate, approval.

Every three to five years, the CMRTO performs a review of the salary scales of the CMRTO staff using a consulting group with expertise in this area. The review was performed by the Mungall Consulting Group in October – November, 2016. The Mungall Group's findings are that the CMRTO's salary range structure continues to be competitive to market relative to compensation data reported for comparable positions.

The Executive Committee reviewed the salary ranges of the CMRTO staff to consider whether to recommend a change in the salary ranges, having regard to whether there has been a change in the cost of living. The Consumer Price Index, August 2017, rose 1.4% in the 12 months to August 2017.

Recommendation:

It is recommended that an increase be applied to the salary ranges of the CMRTO support staff and directors, effective January 1, 2018, and that the amount of increase be 1.4 % for 2018.

It is also recommended that an increase be applied to the salary range of the Registrar & CEO, and also to the salary of the Registrar & CEO and that the amount of the increase be 1.4% for 2018.

The Executive Committee considered the following in making its determination and recommendation:

- The salary review performed by the Mungall Consulting Group in 2016 found that CMRTO salary ranges for support staff and directors continue to be competitive to market data for comparable positions
- The report from the Mungall Consulting Group recommends that CMRTO salary ranges should be adjusted 1.7% annually in keeping with composite market movement measures as reported by comparator organizations and in publicly available sources, unless otherwise indicated by unusual market volatility, and subject to affordability
- The CMRTO has a number of valued, experienced staff who are at the top of their pay range. The only increase these staff receive is through the adjustment to the salary ranges
- The CMRTO wants to remain competitive with the market and other regulators, and retain experienced and productive staff
- The draft budget for 2018 has been prepared assuming a 1.4% increase in the CMRTO salary ranges for support staff and directors, and the Registrar & CEO.

The Finance and Audit Committee was notified of the Executive Committee's recommendation and the 1.4% increase has been included in the 2018 budget.

Action required:

- **Council to determine whether to approve the recommendation of the Executive Committee**

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting:**	December 8, 2017
From:	Finance and Audit Committee	**Date:**	November 10, 2017
Subject:	CMRTO 2018 Budget and 2018 – 2020 Financial Plan		

CMRTO staff have prepared the financial budget for 2018 and proposed financial plan for 2019 – 2020 based on the strategic plan. On November 10, 2017, the CMRTO Finance and Audit Committee reviewed the draft 2018 Operational Plan and the proposed budget and financial plan.

The Finance and Audit Committee also considered the recommendation of the Executive Committee regarding staff salary ranges and noted that the recommendations are included in the budget.

The Finance and Audit Committee reviewed the draft budget and financial plan, along with the graphs of CMRTO projected reserve funds before projects and after projects.

As Council will recall, it has been determined that the minimum reserve fund be set at $1.6 million. The College's reserve funds are projected to remain at or up to $350,000 below the reserve amount for the next three years. It is projected that the minimum reserve fund will be replenished by year end 2020.

Some of the line expenses of the draft budget and financial plan are difficult to predict as the amount of money spent is dependent upon the volume of activities that are outside the College's ability to control (discipline hearings, complaints and reports). It is important the College continue to monitor the Operational Plan and budget on an annual basis, in this way, amendments can be made to the Operational Plan as funds permit.

The Finance and Audit Committee also considered that anticipated financial impact of the regulation of sonography and the name change of the College. The Committee is in agreement that the CMRTO's current financial reserves of over $2.2 million, support and enable the capital investment for these critical projects in 2018 – 2019.

After discussion, the following resolutions were approved by the Finance and Audit Committee and are now presented to Council for consideration and discussion:

- **Resolved that the 2018 draft budget, be referred to Council with a recommendation for approval.**

- **Resolved that the 2018 – 2020 draft financial plan, be referred to Council with a recommendation for approval in principle.**

Action required:

Review, discussion and, if appropriate, approval.

DRAFT

College of Medical Radiation Technologists of Ontario
2018 Budget

	YTD Aug 2017	2017 Forecast	2017 Budget	Variance	2018 Budget	Notes
REVENUE						
Membership-related Revenue	2,289,258	3,295,705	3,302,152	(6,447)	4,451,838	Assume 3,000 sonography new members; increase of 43% in membership to 10,000
Interest Income	20,533	24,688	25,139	(451)	20,000	Plan based on current portfolio includes interest from current account
Total Revenue	2,309,791	3,320,393	3,327,291	(6,898)	4,471,838	
EXPENSES						
Human Resources	1,023,269	1,673,456	1,530,292	(143,164)	2,224,758	2017 variance due to additional staff related to sonography $68,000; staff salary adjustments $50,000; For 2018 includes 1.4% COL increase, additional sonography staff $545,000 & MLOA $53,000
Operating Expenses	473,909	809,759	834,716	24,957	911,858	Includes rent, IT support & licenses, bank & credit card fees, printing, travel expenses, postage, telephone, office supplies, insurance
Communication & Legal Fees	294,775	548,008	741,614	193,606	1,198,439	Includes communication related to sonography, update publications to include sonography, legal fees related to sonography implementation and new MRIT Act, hearing and investigations costs increase
Education, Q.A. & Other Expenses	89,466	129,330	157,200	27,870	259,300	Includes increase in QA assessments, training expenses, accreditation survey and compensation fund
Governance & Committee Expenses	84,136	154,253	129,215	(25,038)	169,925	As per Council & committees meeting schedule
Total Expenses Before Capital Projects	1,965,555	3,314,806	3,393,037	78,231	4,764,281	
Impact on Reserve Funds Before Projects	344,236	5,587	(22,996)	71,333	(292,443)	

College of Medical Radiation Technologists of Ontario
2018 Budget

	YTD Aug 2017	2017 Forecast	2017 Budget	Variance	2018 Budget	Notes
Capital Projects	137,012	771,420	566,250	(207,420)	191,000	College Membership Management (CMM) upgrade, computer hardware, website enhancements, office renovations and office equipment
Total Expenses After Capital Projects	2,102,567	4,086,226	3,957,037	(129,189)	4,955,281	
Impact on Reserve Funds After Projects	207,224	(765,833)	(629,746)	(136,087)	(483,443)	Total Revenue less Total Expenses and Projects
Excess of Revenue over Expenses	199,994	(352,433)	(404,782)	52,349	(584,436)	Match with Statement of Revenue and Expenses (without capital projects)

College of Medical Radiation Technologists of Ontario
2018 - 2020 Financial Plan

Draft

	2017 Forecast	2018 Budget	2019 Budget	2020 Budget	Notes
REVENUE					
Membership-related Revenue	3,295,705	4,451,838	4,756,733	4,756,733	Assume membership at 10,000 for 2019 to 2020
Interest Income	24,688	20,000	15,000	15,000	Interest income reduced to $15,000 for 2019 and 2020
Total Revenue	3,320,393	4,471,838	4,771,733	4,771,733	
EXPENSES					
Human Resources	1,673,456	2,224,758	2,337,730	2,430,956	As per staffing plan + 1.4% COL for 2019 & 2020
Operating Expenses	809,759	911,858	885,450	886,615	Keep at the same level with a slight increase of some expense lines; average increase of 2%
Communication & Legal Fees	548,008	1,198,439	848,447	855,284	Communication back to normal level; Hearing days increased to 8 days and investigation costs increased by 20% in 2019 and 2020
Education, Q.A. & Other Expenses	129,330	259,300	261,700	265,100	Keep at the same level with a slight increase of some expense lines
Governance & Committee Expenses	154,253	169,925	169,925	169,925	As per Council & committees meeting schedule
Total Expenses Before Capital Projects	3,314,806	4,764,281	4,503,252	4,607,880	
Impact on Reserve Funds Before Projects	5,587	(292,443)	268,481	163,853	Total Revenue less Expenses
Capital Projects	771,420	191,000	54,500	54,500	As per IT Plan for 2019 and 2020

College of Medical Radiation Technologists of Ontario
2018 - 2020 Financial Plan

	2017 Forecast	2018 Budget	2019 Budget	2020 Budget	Notes
Total Expenses After Capital Projects	4,086,226	4,955,281	4,557,752	4,662,380	
Impact on Reserve Funds After Projects	(765,833)	(483,443)	213,981	109,353	Total Revenue less Expenses and Projects
Excess of Revenue over Expenses	(352,433)	(584,436)	(26,290)	(68,775)	Match with Statement of Revenue and Expenses (without capital projects)

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting Date:**	December 8, 2017
From:	Sandra Willson, Chair, Quality Assurance Committee	**Date:**	October 2, 2017
Subject:	Quality Assurance Assessments for 2018		

Background

Each year Council approves, by resolution, the percentage of MRTs who are audited by the Quality Assurance (QA) Committee with respect to:

i. Quality Assurance Portfolio: Percentage of MRTs (Policy 7.1)

ii. Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs (Policy 7.2)

In 2016, Council approved 10% of members to be randomly selected to submit their 2017 QA Portfolio for assessment. The QA Committee appointed an assessor to assess the portfolios based on criteria developed by the QA Committee.

In 2016, Council approved 3% of members to be randomly selected to participate in the 2017 peer and practice assessment by multi-source feedback (MSF) assessment. The CMRTO is working with Cido Research who is the third-party company that is collecting the surveys and collating the data.

The Quality Assurance (QA) Committee routinely monitors the number of MRTs that have been randomly selected for Quality Assurance assessments. It had been the practice of the CMRTO to run the random selection without replacement for five years of members selected to submit their QA Portfolio for assessment or participate in the MSF assessment until 2015. As a result, there were MRTs who had been randomly selected multiple times throughout their career and MRTs who had been practising for thirty years and more who had never been randomly selected.

After the 2015 random selection for Quality Assurance (QA) Portfolio and multi-source feedback (MSF) assessments, the QA Committee noted that 48% of active members still had never been selected to submit their QA Portfolio for assessment or undergo a peer and practice assessment (MSF). The QA Committee recommended to Council that Policy 7.3 'Random Selection without replacement' be amended to allow the QA Committee flexibility to extend the period of time members

would not be replaced for the purpose of random selection beyond five years. The amendment to Policy 7.3 'Random Selection without replacement' was approved by Council at the December 8, 2015 meeting.

The issue:

The QA Committee recommends that the CMRTO ensure that all current members be required to undergo a QA Assessment by the end of 2018. As a regulator, CMRTO has an obligation to ensure that its members are participating in its continuing competency program.

With the amendment to Policy 7.3 'Random Selection without replacement' the QA Committee has the flexibility to have the random selection process for the QA Portfolio assessments and the multi-source feedback (MSF) assessments run without replacement for a period longer than five years. For the 2016 and the 2017 random selections, the QA Committee implemented a random selection without replacement for 20 years. As a result, 13 % (918) of members were randomly selected in 2016 and 13% (919) members in 2017 of which none of the members had been selected previously. To date, this leaves approximately 29% of active members (about 2,082) who have not yet been selected for a QA assessment (this excludes new members).

In order to ensure that all the members who have not yet been required to undergo a QA assessment are required to do so by the end of 2018, the QA Committee is recommending the following:

- To complete the peer and practice assessment by MSF for the 2018 QA year by random selection without replacement for 20 years.

- The remaining members who have been registered with the College for over one year and who have never been randomly selected to submit their QA records for assessment or to undergo a peer and practice assessment by means of an MSF system, will be required to submit their QA records (QA Portfolio) for 2018 for assessment in 2019.

The QA regulation (subsection 5(3)) provides the QA Committee with the authority to request a member's QA records at any time.

Recommendations:

The QA Committee recommends to Council for the calendar year ending December 31, 2018 that:

- 7% of MRTs be randomly selected to participate in a peer and practice assessment by means of a multi-source feedback (MSF) assessment, and

- There be no random selection of members to make their QA Portfolio available to the QA Committee for assessment.

Estimated numbers of members eligible to participate in QA random selection for 2018

Selection Formula for QA Portfolio 2018

"Note* the random selection program runs from January 1 of the current year, but uses the total number of members on the day the program is actually run.

Members who have been randomly selected in a previous year, resigned and reinstated, and did not participate or complete the QA assessment will be added to the list manually.

Total active membership as of random selection date	**7098**	**All active members including new up to today**
Total active members as of date program is to run (this includes reinstatements)	**7098**	
Subtract new members for previous year from random selection date	**-296**	**New members this year**
Subtract all active members with a previous QA random selection (including current year QA portfolio selection)	**-4720**	
Eligible Pool to select from Is this #	**2082**	
Calculated % amount for MSF (25.0%)	**521**	**Target # for MSF 7%**
Target # for QAP	**1561**	**Target # for QA Portfolio 22%**

6281 - Q.A. Assessments

Proposed QA Program Budget for 2018 (based on increasing numbers to ensure all members have participated in the QA assessment process)

	YTD Aug 2016	Forecast 2016	Plan 2016	Plan 2017	Plan 2018	Proposed Budget for 2018 (Cleanup)	Plan 2019
Assumptions: Includes QA Portfolio, MSF and IPA							
Membership		6,900	6,988	6,935	6,969	7,098	7,004
Percentage for random selection for e-portfolio	10%	10%	10%	10%	10%	22%	10%
Number of MRTs randomly selected for e-portfolio		665	699	694	697	1561	700
Number of e-portfolio expected incl transfer from MSF		17					
Percentage for random selection for MSF	3%	3%	3%	3%	3%	7%	3%
Number of MRTs selected for MSF; notified June 6, 2016; 2 resigned		216	210	208	209	521	210
Number of MSFs expected							
Estimated cost per MSF		$164	$174	$178	$181	$201	$184
6281-114 ePortfolio							
Claymore Inc. - ePortfolio annual subscription Jan-Dec $15,300 + annual increase based on CPI 2.5%; include both English and French	15,744	15,744	15,360	15,800	15,800	15,800	15,800
Claymore Inc. - ePortfolio app annual subscription Aug/2015-July 2016 (50% is prepaid to the following year)	10,000	10,000	10,000	10,000	10,000	10,000	10,000
Mi5 Print - printing letter and mailing to members randomly selected (postage in 5140)	888	888	1,000	1,000	1,000	3,000	1,000
Mailing of results to members who have completed - staff all throughout the year(Pin cards)	-	-	-	-	-	1,267	-
Total for ePortfolio	$26,632	$26,632	$26,360	$26,800	$26,800	$30,067	$26,800
6281-110 Multi-Source Feedback (MSF)							
CIDO - Consultant fees, process & BRE at $0.97; $20,968 for 2015 for 187 reports delayed billing; $20,004 for 2016	20,968	40,972	20,404	20,812	21,228	62,160	21,653
Mi5 - printing and mailing of MSF kits and letter 15.2k, BRM envelopes and mailing services 1.6k	15,405	15,405	16,000	16,320	16,646	40,799	16,979
Mailing of results to members in-house mailing (Incl pin cards)	-	-	-	-	-	2,193	-
Total Multi-Source Feedback (MSF)	36,373	56,377	36,404	37,132	37,875	105,152	38,632
6281-111 Individual Practice assessment (IPA)							
Implementation of IPA - training of assessors; budget for 1 IPA each year to include training, travel & other expenses	0	0	5,000	5,000	5,000	5,000	5,000
Total Individual Practice assessment (IPA)	0	0	5,000	5,000	5,000	5,000	5,000
Total	**63,005**	**83,009**	**67,764**	**68,932**	**69,675**	140,219	**70,432**
QA app prepaid 2017 Q1 and Q2	5,000						
Total to line 6281	**63,005**	**83,009**	**67,800**	**69,000**	**69,700**	140,219	**70,500**

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Quality Assurance Portfolio: Percentage of MRTs

Policy 7.1

Section:	Quality Assurance		
Approved By:	Council	**Public:**	Yes
Approved Date:	March 27, 2015	**Review Schedule:**	Every 3 years
Effective Date:	March 27, 2015	**Last Reviewed:**	[Last Reviewed Date]
Amended Date(s):	[Amended Date]	**Next Review Date:**	March 2018

Policy

It is the policy of the College of Medical Radiation Technologists of Ontario (CMRTO) that the percentage of medical radiation technologists (MRTs) who are randomly selected each year to make their Quality Assurance Portfolio[1] available to the Quality Assurance (QA) Committee or an assessor appointed by the QA Committee for assessment, shall be approved, from time to time, by resolution of Council.

[1] The QA Committee has approved the QA Portfolio as the form in which members must record their self-assessments and participation in continuing education or professional development activities.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Peer and Practice Assessment by Multi-Source Feedback (MSF) or by an Assessor: Percentage of MRTs

Policy 7.2

Section:	Quality Assurance		
Approved By:	Council	**Public:**	[Public]
Approved Date:	March 27, 2015	**Review Schedule:**	[Review Schedule]
Effective Date:	March 27, 2015	**Last Reviewed:**	[Last Reviewed Date]
Amended Date(s):	[Amended Date]	**Next Review Date:**	[Next Review Date]

Policy:

That the percentage of MRTs who are randomly selected each year to undergo a peer and practice assessment by means of a multi-source feedback system or by an assessor in accordance with the Quality Assurance (QA) Committee's practice of random selections for assessment, shall be approved, from time to time, by resolution of Council.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Random selection without replacement

Policy 7.3

Section:	Quality Assurance		
Approved By:	Council	**Public:**	[Public]
Approved Date:	March 27, 2015	**Review Schedule:**	Every 3 Years
Effective Date:	March 27, 2015	**Last Reviewed:**	[Last Reviewed Date]
Amended Date(s):	December 8, 2015	**Next Review Date:**	March 29, 2018

BACKGROUND:

The Quality Assurance (QA) Committee may randomly select members of the CMRTO to submit their Quality Assurance (QA) Portfolio each year. The QA Committee may also randomly select members to undergo a peer and practice assessment each year. The peer and practice assessment may be conducted by means of a multi-source feedback assessment or by an assessor. The QA Committee may also require members to submit their QA Records at any time.

The purpose of this policy is to clarify the random selection process for both the selection of members to undergo a peer and practice assessment and the selection of members to submit their QA Portfolio. This policy is not intended to affect the authority of the QA Committee or an assessor to require members to submit their QA Portfolio at any time or to order a peer and practice assessment under other circumstances.

POLICY:

The random selection process for the selection of members to undergo a peer and practice assessment or to submit their QA Portfolio will be conducted as a process of random selection without replacement for a period of five years or more, such time period to be set by the QA Committee. The selection will take into account whether a member's practice has been assessed by a peer and practice assessment, or whether a member's QA Portfolio has been assessed, in the preceding five years or other time period set by the QA Committee, as a result of the member having been randomly selected for such assessment.

This means that a member whose practice has been assessed by a peer and practice assessment in the preceding five years or other time period set by the QA Committee or whose QA Portfolio has been assessed in the preceding five years or other time period set by the QA Committee, as a result of the member having been randomly selected for a peer and practice assessment or an assessment of their QA Portfolio, will not be selected, through the random selection process, to undergo a peer and practice assessment or an assessment of their QA Portfolio, more frequently than once in a five year period.

Ontario

Medical Radiation Technology Act, 1991
Loi de 1991 sur les technologues en radiation médicale

ONTARIO REGULATION 375/12

GENERAL

Consolidation Period: From November 19, 2012 to the e-Laws currency date.

No amendments.

This Regulation is made in English only.

PART I
ADVERTISING

Contents of advertisement

1. (1) An advertisement with respect to a member's practice must not contain,

(a) anything that is false or misleading;

(b) anything that, because of its nature, cannot be verified;

(c) subject to subsection (2), a reference to any area of practice or to any procedure or treatment;

(d) an endorsement other than an endorsement by an organization that is known to have expertise relevant to the subject matter of the endorsement;

(e) a testimonial by a patient or former patient or by a friend or relative of a patient or former patient; or

(f) a reference to a drug or to a particular brand of equipment or product used to provide health services. O. Reg. 375/12, s. 1 (1).

(2) An advertisement with respect to a member's practice may contain a reference to a prescribed specialty or a procedure or treatment within the scope of a prescribed specialty, if the member holds a specialty certificate of registration in the specialty and the advertisement states that the member is a specialist in the specialty. O. Reg. 375/12, s. 1 (2).

(3) An advertisement must be readily comprehensible to the persons to whom it is directed. O. Reg. 375/12, s. 1 (3).

PART II
QUALITY ASSURANCE

GENERAL

Definitions

2. In this Part,

"assessor" means a person appointed under section 81 of the Health Professions Procedural Code;

"Committee" means the Quality Assurance Committee required by subsection 10 (1) of the Health Professions Procedural Code;

"program" means the quality assurance program required by section 80 of the Health Professions Procedural Code;

"stratified random sampling" means a sampling where groups of members are,

(a) removed from the pool of members to be sampled, or

(b) weighted to increase or decrease the likelihood of their being selected. O. Reg. 375/12, s. 2.

Components of program

3. (1) The program shall include the following components:

1. Continuing education or professional development designed to,

   i. promote continuing competence and continuing quality improvement among the members,

   ii. address changes in practice environments, and

   iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues at the discretion of the Council.

2. Self, peer and practice assessments.

3. A mechanism for the College to monitor members' participation in and compliance with the program.

4. The collection, analysis and dissemination of information. O. Reg. 375/12, s. 3 (1).

(2) Every member shall participate in the program and shall co-operate with the Committee and any assessor. O. Reg. 375/12, s. 3 (2).

Administration of program

4. (1) The Committee shall administer the program. O. Reg. 375/12, s. 4 (1).

(2) A panel of the Committee may exercise any of the powers of the Committee under this Part. O. Reg. 375/12, s. 4 (2).

(3) The Chair of the Committee may select a panel from among the members of the Committee. O. Reg. 375/12, s. 4 (3).

(4) A panel shall be composed of at least three persons who are members of the Committee, at least one of whom shall be a member of the Council that was appointed by the Lieutenant Governor in Council. O. Reg. 375/12, s. 4 (4).

(5) Two members of a panel constitute a quorum. O. Reg. 375/12, s. 4 (5).

SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

Participation

5. (1) Each year, a member shall participate in self-assessment and continuing education or professional development activities in the manner approved by the Council in order to maintain the knowledge, skills and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College. O. Reg. 375/12, s. 5 (1).

(2) A member shall keep a record of his or her self-assessments and participation in continuing education or professional development activities in the form and manner approved by the Committee and shall retain the record for the period of time specified by the Committee. O. Reg. 375/12, s. 5 (2).

(3) At the request of the Committee or an assessor, a member shall make his or her records available to the Committee or the assessor for assessment. O. Reg. 375/12, s. 5 (3).

(4) After assessing a member's records, the Committee may,

(a) require the member to complete the member's records;

(b) require the member to participate in one or more specified continuing education or professional development activities; or

(c) refer the member for a peer and practice assessment. O. Reg. 375/12, s. 5 (4).

Certificate of compliance

6. Each year, a member shall complete, sign and submit to the Registrar, a certificate stating whether he or she has complied with the requirements of the program that year. O. Reg. 375/12, s. 6.

PEER AND PRACTICE ASSESSMENT

Selection of members

7. The Committee may require a member to undergo a peer and practice assessment if the member,

(a) is selected in accordance with the Committee's practice of random selection for assessment, which may include stratified random sampling;

(b) is referred for a peer and practice assessment under clause 5 (4) (c);

(c) has previously undergone a peer and practice assessment and the Committee is of the opinion that the member should be re-assessed; or

(d) is selected on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria. O. Reg. 375/12, s. 7.

Process

8. (1) A peer and practice assessment shall be conducted by the Committee or an assessor. O. Reg. 375/12, s. 8 (1).

(2) A peer and practice assessment shall assess the member's knowledge, skills and judgment and may include information gathering and analysis by a third party. O. Reg. 375/12, s. 8 (2).

(3) A peer and practice assessment may involve, but is not limited to, the following activities:

1. Inspecting the premises where the member practises.
2. Inspecting the member's records, including records relating to the care of patients.
3. Interviewing or surveying the member and his or her employer, employees, co-workers, peers and patients.
4. Observing the member in his or her practice of the profession.
5. Requiring the member to answer, orally or in writing, questions related to the member's practice.
6. Requiring the member to solve simulated problems or case studies related to the member's practice. O. Reg. 375/12, s. 8 (3).

(4) The Committee may require a member to undertake additional peer and practice assessment activities if, in the opinion of the Committee, more information is required to determine whether the member's knowledge, skills and judgment are satisfactory. O. Reg. 375/12, s. 8 (4).

(5) If a peer and practice assessment is conducted by an assessor, the assessor shall provide a written report of the assessment to the Committee. O. Reg. 375/12, s. 8 (5).

(6) If a peer and practice assessment is conducted by the Committee, the Committee shall prepare a written report of the assessment. O. Reg. 375/12, s. 8 (6).

(7) The Committee shall provide to the member,

(a) a copy of the assessor's or the Committee's report;

(b) any other relevant information the Committee intends to consider; and

(c) notice of the member's right to make written submissions to the Committee within no less than 14 days after receiving the notice. O. Reg. 375/12, s. 8 (7).

(8) After considering the assessor's or the Committee's report, any other relevant information and any written submissions made by the member, the Committee may,

(a) take no further action;

(b) make recommendations to the member; or

(c) exercise any of the powers listed in subsection 80.2 (1) of the Health Professions Procedural Code. O. Reg. 375/12, s. 8 (8).

COLLECTION AND USE OF INFORMATION

Collection and use of information

9. (1) The Committee may collect and analyse information under this Part for the purposes of administering the program. O. Reg. 375/12, s. 9 (1).

(2) The Committee may collect information from any of the following in accordance with the Act and the *Regulated Health Professions Act, 1991*:

1. Members and their employers, employees, co-workers, peers and patients.
2. Educators of the profession.
3. The College.
4. The public. O. Reg. 375/12, s. 9 (2).

(3) Information collected under this Part may,

(a) relate to the nature and quality of the practice of the profession, standards of practice, advances in technology, changes to entry to practice competencies or other issues relevant to the program; and

(b) be used to,

(i) establish written standards of practice to promote continuing competence and quality improvement and to address changes to the practice of the profession,

(ii) promote interprofessional collaboration,

(iii) make recommendations about changes to the program, or

(iv) publish or distribute reports or other documents that contain aggregate or statistical data. O. Reg. 375/12, s. 9 (3).

(4) The Committee may only publish or distribute reports or other documents under subclause (3) (b) (iv) if the reports or other documents do not contain any personal information about an individual. O. Reg. 375/12, s. 9 (4).

PART III (OMITTED)

10. Omitted (revokes other Regulations). O. Reg. 375/12, s. 10.

11. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 375/12, s. 11.

CIRCULATED WITH AGENDA
OF DEC - 8 2017
COUNCIL ITEM# 6e)

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Briefing Note

To:	Council
From:	Linda Gough, Registrar & CEO **Date:** November 23, 2017
Subject:	Regulation of diagnostic medical sonographers

This agenda item is for:

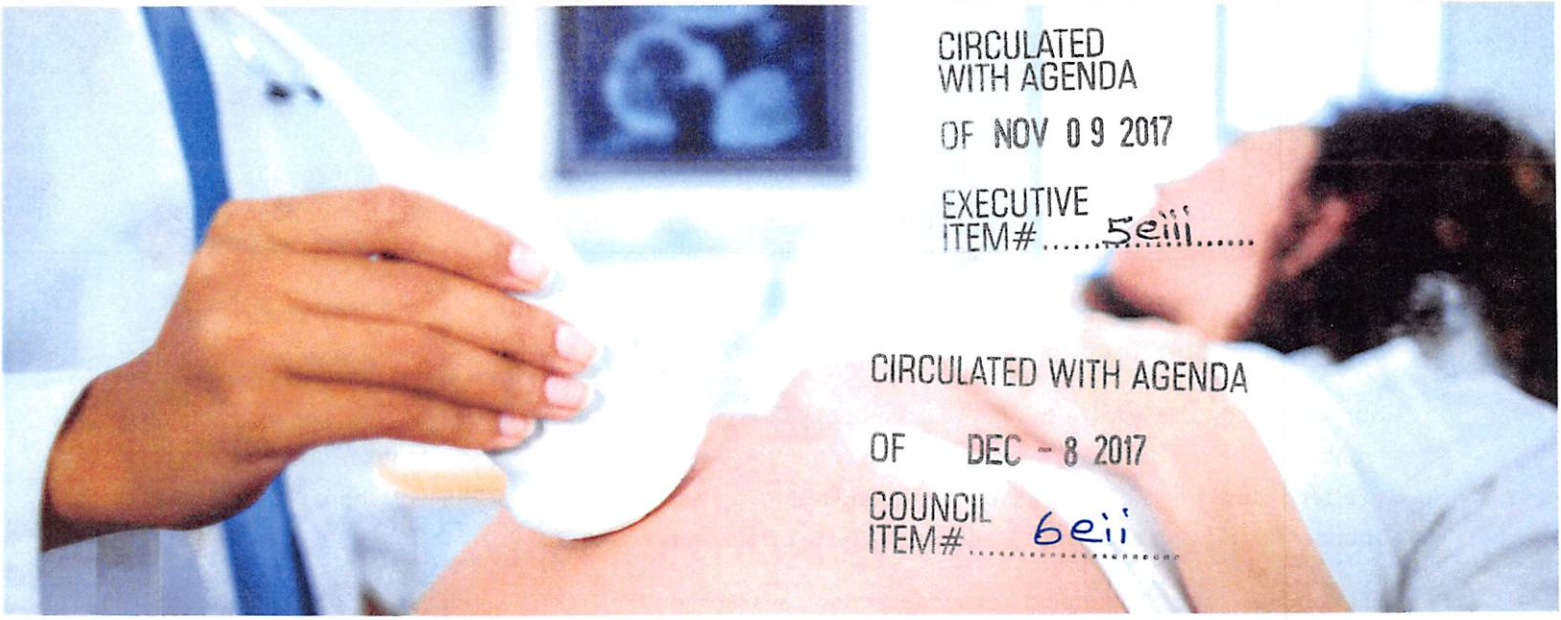
- [X] Decision
- [ ] Direction to staff
- [X] Discussion
- [X] Information

Enclosed is the latest information related to the regulation of diagnostic medical sonographers. A verbal update will be provided at the meeting.

In this section of the agenda, Council will be provided with the feedback from the consultation survey on the proposed changes to the Standards of Practice and Code of Ethics and, if appropriate, approve the Standards of Practice and Code of Ethics to come into force on January 1, 2018.

Please note that the Code of Ethics is set out in By-law and will require an amending By-law.

Council will also review the proposed policies governing registration of diagnostic medical sonographers and, if appropriate, approve such to come into force on January 1, 2018.



Bill 160

At the end of September, the Ontario Government introduced Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, and debate on the Bill began on October 4, 2017.

Among other extensive changes (including amending six statutes and repealing another four statutes), Bill 160 if passed will repeal the current *Medical Radiation Technology Act* and replace it with the *Medical Radiation and Imaging Technology Act, 2017* (MRITA).

This new Act has significant implications for CMRTO members and for the province's diagnostic medical sonographers:

1. In addition to earlier direction by the government to regulate diagnostic medical sonographers as part of the CMRTO, the new Act will change the scope of practice of medical radiation and imaging technology to add the use of soundwaves for the purposes of diagnostic procedures in the Act rather than a regulation.

2. The CMRTO's name will be changed to the new College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).

3. The MRITA will add "diagnostic medical sonographer" as a title restricted to members of the new CMRITO. In other words, no person other than a member of the CMRITO will be permitted to use that title or hold themselves out as qualified to practise in the specialty of diagnostic medical sonography.

Registration Regulation Consultations

In anticipation of the MRITA, at the direction of the government the CMRTO had already drafted, and begun circulating to members and stakeholders for comment, proposed changes to the registration regulation for the profession. The consultation on the registration regulation closes on October 17, 2017 and Council will review these comments at their meeting on October 20, 2017. (The changes can still be viewed on the CMRTO's website at https://www.cmrto.org/what-we-do/consultations/.)

New Standards of Practice

As well, new standards of practice for medical radiation technologists, to include diagnostic medical sonographers, are already being developed, and the CMRTO will be consulting with MRTs and sonographers about the proposed standards of practice beginning in November.

Fall Information Workshops

Not surprisingly, the focus of this fall's workshops by CMRTO Registrar & CEO Linda Gough will be the regulation of diagnostic medical sonographers within the CMRTO. All MRTs and sonographers are invited to attend these free workshops. (You aren't required to register, just come out.) The workshops begin in Thunder Bay on October 11, 2017, and end in Barrie on November 1, 2017.

The complete list of workshop dates and locations is available on the CMRTO website at https://www.cmrto.org/blogs/news/2017-09-21-cmrto-information-workshops/

College of
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Record of Attendees at CMRTO Workshops

CIRCULATED AT MEETING
OF NOV 09 2017
EXECUTIVE ITEM# 5evi

CIRCULATED WITH AGENDA
OF DEC - 8 2017
COUNCIL ITEM# 6eiii

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

	Fall 2006	Spring 2010	Fall 2011	Fall 2013	Fall 2014	Fall 2015	Fall 2017
Location & Topic	QA Program, Change in Registrar	Interprofessional Collaboration	Scope of Practice, Authorized Acts, Standards of Practice	ePortfolio, PLI	Patient Communication Guidelines	Professional Accountability	Regulation of Sonographers (# of sonographers)
Barrie	----	33	32	27	27	16	27 (24)
Hamilton	----	26	54	67	52	16	28 (25)
London	----	26	43	73	33	20	21 (19)
Oshawa/Ajax	----	53	62	45	61	54	45 (13)
Ottawa	25	19	43	44	45	27	38 (32)
Sudbury	20	38	22	20	26	19	36 (12)
Thunder Bay	15	21	18	25	53	22	21 (10)
Timmins	----	20	16	14	4	6	----
Toronto	65	75	72	72	108	49	62 (36)
Windsor	----	6	----	48	23	28	23 (20)
Kingston	----	----	36	28	25	17	16 (10)
Brampton	----	----	----	----	----	----	30 (27)
CMRTO Total	----	----	----	----	----	----	**347 (228)**
OAMRS Great Pine Ridge Section	----	----	----	----	----	----	52 (6)
CCE Medical Equipment & Samsung Education Day	----	----	----	----	----	----	225 (225)
Total	**150**	**317**	**398**	**463**	**457**	**274**	**624 (459)**

Last updated: November 8, 2017

November 6, 2017

ONTARIO REGULATION

made under the

MEDICAL RADIATION TECHNOLOGY ACT, 1991

Amending O. Reg. 866/93

(REGISTRATION)

1. Subsection 1 (2) of Ontario Regulation 866/93 is amended by adding the following paragraph:

5. Diagnostic medical sonography.

2. (1) Subparagraph 4 ii of subsection 3 (1) of the Regulation is amended by striking out "quality or characteristic, including any".

(2) Subsection 3 (3) of the Regulation is revoked and the following substituted:

(3) The following are conditions of a specialty certificate of registration:

1. The member shall, within every five-year period after the issuance of the certificate, engage in competent practice as a medical radiation technologist in at least one of the specialties in which the member holds a certificate of registration, and provide to the College satisfactory evidence of having done so.

2. The member shall practise only in the areas of medical radiation technology in which the member is educated and experienced.

3. Paragraph 5 of subsection 4 (1) of the Regulation is revoked and the following substituted:

5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in one or more of the specialties.

4. Paragraph 5 of subsection 4.1 (1) of the Regulation is revoked and the following substituted:

5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in the specialty.

5. The Regulation is amended by adding the following section:

4.2 (1) The following are non-exemptible registration requirements for a specialty certificate of registration in the specialty of diagnostic medical sonography:

1. The applicant must have successfully completed a medical radiation technology program in the specialty which program is,

   i. offered in Ontario and listed in Schedule 1.3 or offered in Ontario and considered by the Council to be equivalent to a program listed in Schedule 1.3,

   ii. offered outside Ontario and considered by the Council to be equivalent to a program described in subparagraph i, or

   iii. subject to paragraph 5, offered outside Ontario and considered by the Registration Committee to be substantially similar to, but not equivalent to, a program described in subparagraph i.

2. The applicant must have successfully completed one or more of the examinations set or approved by the Council in the specialty.

3. The applicant must have engaged in clinical practice in the specialty within the five years immediately preceding the date of the application or must have successfully completed a program referred to in paragraph 1 within the five years preceding the date of the application.

4. The applicant must pay the annual fee required by the by-laws and the examination fee.

5. An applicant who has successfully completed a program described in subparagraph 1 iii must also provide the Registration Committee with satisfactory evidence, of a type approved by the Registration Committee and in the form and manner approved by the Registration Committee, as to the applicant's competence to practise in Ontario as a medical radiation technologist in the specialty.

6. An applicant must comply with all of the requirements described in paragraphs 1, 2, 3 and 5 with respect to the same area of practice within the specialty.

(2) Despite subsection (1), an applicant for a specialty certificate of registration in the specialty of diagnostic medical sonography who applies for the certificate before January 1, 2019 may be issued the certificate if the applicant meets the following non-exemptible registration requirements:

1. The applicant must satisfy one of the following requirements:

    i. the applicant was engaged in practice in Canada within the scope of practice of the specialty as of December 31, 2017,

    ii. the applicant was engaged in practice in Canada within the scope of practice of the specialty for at least 400 hours in 2017, or

    iii. the applicant was engaged in practice in Canada within the scope of practice of the specialty for at least 1200 hours in the three years before January 1, 2018.

2. The applicant must provide evidence satisfactory to the Registrar or the Registration Committee of competence to practise as a medical radiation technologist in the specialty.

3. The applicant must pay the annual fee required by the by-laws.

6. (1) The definition of "specialty" in subsection 5 (1) of the Regulation is revoked and the following substituted:

"specialty" means the specialty of radiography, radiation therapy, nuclear medicine, magnetic resonance or diagnostic medical sonography.

(2) Subsection 5 (2) of the Regulation is revoked and the following substituted:

(2) Subject to subsection (3), if an applicant already holds an out-of-province certificate that is equivalent to a certificate of registration issued by the College in the specialty being applied for, the applicant is deemed to have met the requirements set out in subsections 4 (1), 4.1 (1) and 4.2 (1) as applicable to the specialty, but is not deemed to have met the requirement set out in paragraph 4 of any of those provisions.

7. The Table to subsection 8 (2) of the Regulation is amended by adding the following item:

Diagnostic Medical Sonography	Medical Radiation Technologist – Diagnostic Medical Sonographer or Diagnostic Medical Sonographer	MRT(DMS) or DMS

8. Section 9 of the Regulation is revoked.

9. The Regulation is amended by adding the following Schedule:

SCHEDULE 1.3
Approved Programs under Subparagraph 1 i of Subsection 4.2 (1)

DIAGNOSTIC MEDICAL SONOGRAPHY

1. Algonquin College of Applied Arts and Technology (General Sonography), Ottawa, Ontario.

2. BizTech College of Health Sciences, Business and Technology (Cardiac and Vascular Sonography), Mississauga, Ontario.

3. Cambrian College of Applied Arts and Technology (General Sonography), Sudbury, Ontario.

4. Canadian National Institute of Health (General Sonography), Ottawa, Ontario.

5. Collège Boréal d'arts appliqués et de technologie (Échographie générale), Sudbury, Ontario.

6. Mohawk College of Applied Arts and Technology (Diagnostic Cardiac Sonography), Hamilton, Ontario.

7. Mohawk College of Applied Arts and Technology/McMaster University - Collaborative Advanced Diploma - Bachelor of Medical Radiation Sciences Program - Ultrasound Specialization (General Sonography), Hamilton, Ontario.

8. St. Clair College of Applied Arts and Technology (General Sonography), Windsor, Ontario.

9. The Michener Institute of Education at University Health Network (General Sonography), Toronto, Ontario.

Commencement

10. This Regulation comes into force on the later of January 1, 2018 and the day it is filed.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

CMRTO Survey on the Revised Standards of Practice

Introduction

Thank you for your interest in the proposed revisions to the College of Medical Radiation Technologists of Ontario (CMRTO) Standards of Practice and Code of Ethics. One of the key objects of the CMRTO is to develop, establish and maintain standards of practice to assurance the quality of the practice of the profession. The Standards of Practice set out the minimum requirements for professional practice and conduct for members of CMRTO, and apply at all times and in all practice settings. They are used by CMRTO in a number of its regulatory functions including:

- Ensuring all members provide professional services to the public in a safe, effective and ethical manner
- Ensuring all members are competent, accountable and collaborative
- Establishing entry to practice requirements for registration with the CMRTO
- Establishing the Quality Assurance program to ensure the continued competence and improvement of members
- Investigating complaints and reports and making determinations regarding professional misconduct, incompetence or incapacity
- Promoting the ability of members to respond to changes in practice environments and advances in technology
- Promoting inter-professional collaboration

This survey is open to all medical radiation technologists, diagnostic medical sonographers, other health professionals and members of the public. The survey will close at midnight on **November 30, 2017**, so please be sure to respond by then.

Information about the revised Standards of Practice

In August 2017, the Ministry of Health and Long-Term Care directed CMRTO to regulate diagnostic medical sonographers as a fifth specialty. (CMRTO currently regulates medical radiation technologists in the specialties of radiography, radiation therapy, nuclear medicine and magnetic resonance.) CMRTO is to begin regulating diagnostic medical sonographers by January 2018. More information on this direction and the processes taken to date can be found on the CMRTO website at: https://www.cmrto.org/who-we-are/about-sonography/

In order to prepare for the regulation of diagnostic medical sonographers, the CMRTO Council established a Sonography Implementation Group made up of sonographers in the three areas of practice (general, cardiac and vascular), educators, managers, associations, the certification body and CMRTO Council members. The Sonography Implementation Group reviewed the existing CMRTO Standards of Practice and Code of Ethics and recommended revisions to add the specialty of diagnostic medical sonography to the documents. (The current versions of these documents can be found here and here.) These recommendations were reviewed by the CMRTO Council and are now open for comment and feedback using the CMRTO's public consultation process. The comments will be reviewed by the CMRTO Council at their meeting on December 8, 2017, and the Standards of Practice and Code of Ethics will be amended, if appropriate, and approved to come into effect on January 1, 2018 provided the regulations giving CMRTO the authority to regulate diagnostic medical sonographers come into force on the same date.

The Standards of Practice are organized as follows:

Introduction (legislative framework and expectations)

1. Legislation, Standards and Ethics
2. Equipment and Materials

3. Diagnostic and Therapeutic Procedures
4. Safe Practice
5. Relationship with Patients
6. Professional Relationships
7. Records and Reporting
8. Continuing Competence

The wording of each Standard is inclusive to all five specialties and apply to all members. Indicators are derived from each Standard, to delineate the application of the Standard in a specific dimension of practice. Most indicators are common to all members, and where practice is specific to a particular specialty, there is a specific indicator for that area of practice.

There are three types of revisions proposed in the Standards of Practice and Code of Ethics:

1. Terminology and protected titles: The current Standards of Practice and Code of Ethics refer to the current protected title for medical radiation technologists (MRTs). It is proposed that the terminology change to 'member' to include all five specialties of the profession and to be inclusive of all medical radiation and imaging technologists
2. Changes to include the specialty of diagnostic medical sonography: There are specific additions to include soundwaves as a form of energy for the scope of practice of the profession, and additional practice standard indicators that are specific to the practice of diagnostic medical sonographers
3. Updates to the practice standards for MRTs: There is one technical update to the practice standards for members using ionizing radiation in their practice – existing indicators 4f and 4g have been combined into the new indicator 4f, prior to performing the procedure, ascertain whether there are any contraindications to the procedure, including pregnancy for procedures involving ionizing radiation, and notify the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist or radiation oncologist of any contraindications and obtain direction to proceed, modify or halt the procedure.

How the survey works

We expect that the survey will take about one hour to complete. This must be done in a single session.
The survey starts with some demographic information about you, and then goes on to ask questions about the Standards of Practice and Code of Ethics. The survey lists each Standard and provides you with an opportunity to provide comment. The survey asks you the following question about each proposed indicator: Is compliance with this indicator required for the provision of safe, effective and ethical practice? Responses to this question may be skipped, at your discretion. For each Standard you are invited to suggest ways of clarifying the indicators, and to identify indicators that you think may be missing. Finally, you will be asked for general, overall comments about the proposed Standards of Practice and Code of Ethics.
The survey contains several pages of questions, the first of which will appear on your screen when you click on 'Next' at the bottom of this page. Please insert your responses as requested. When you reach the end of the page, click on 'Next' to move through the survey. You are able to return to a previous page and adjust any of your responses. At the end of the survey, please click on 'Submit' to submit your responses.
If you are ready to proceed now, please click on 'Next' below. Otherwise, you can return to this page and start the survey later. The survey will close at midnight on **November 30, 2017**, so please be sure to respond by then.

If you have any difficulties with the survey, please contact us at info@cmrto.org. Thank you for your participation in the survey. We very much appreciate your time and feedback to in order that the CMRTO has Standards of Practice and a Code of Ethics that ensure the continued protection of the public, and also are meaningful and relevant to the professionals using them in their practice every day.

Thank you!

>>> Start the Survey >>>

Demographic Questions

A. I am a:

- ○ Medical radiation technologist
- ○ Diagnostic medical sonographer
- ○ Member of the public
- ○ Other healthcare professional/organization (please indicate which)

B. In which of the following medical radiation and imaging technology specialties do you practice? (check all that apply) *

- ☐ Magnetic Resonance
- ☐ Nuclear Medicine
- ☐ Radiation Therapy
- ☐ Radiography
- ☐ Diagnostic Medical Sonography
- ☐ I don't practice in medical radiation and imaging technology (not applicable)

C. In which of the following settings do you practice? (check all that apply) *

- ☐ Hospital
- ☐ Independent Health Facility (clinic)
- ☐ Cancer Centre
- ☐ Other
- ☐ Not applicable

D. Which of the following functions are included in your practice? (check all that apply) *

- ☐ Clinical Practice
- ☐ Management of a department that provides medical radiation and imaging technology service
- ☐ Education of medical radiation and imaging technology students
- ☐ Other
- ☐ Not applicable

E. When did you first begin your professional practice after completing your education ir medical radiation and imaging technology? *

F. When the new Standards of Practice are published, which of the following formats wo you prefer? *

- ☐ To receive an electronic copy you can download
- ☐ To refer to the CMRTO website as an online resource
- ☐ To receive a printed copy

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The CMRTO Standards of Practice

The Standards of Practice have been developed by the College of Medical Radiation Technologists of Ontario (CMRTO or the "College") to describe the expectations for professional practice of members of the College. The Standards of Practice describe w each member is accountable and responsible for in practice. They represent performa criteria for members and can be used to interpret the scope of practice to the public a other health care professionals.

In the Standards of Practice, "medical radiation technologists" or "MRTs" refers to all members of the CMRTO; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Standards of Practice, "profession" refers to the profession of med radiation technology, which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Standards of Practice reflect the knowledge, skills and judgement that members n in order to perform the services and procedures that fall within the scope of practice o the profession.

If you have any comments please record them here

The Regulated Health Professions Act and the companion health profession Acts gover the practice of regulated health professions in Ontario. For this profession, the compa Act is the Medical Radiation Technology Act. The Medical Radiation Technology Act set out the scope of practice statement for the profession, as follows:

"The practice of medical radiation technology is the use of ionizing radiation, electromagnetism and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedu and the assessment of an individual before, during and after the procedures."

By regulation made under the Medical Radiation Technology Act, soundwaves for diagnostic ultrasound have been prescribed as a form of energy. This means that the practice of medical radiation technology includes the use of soundwaves for diagnosti ultrasound for the purpose of diagnostic procedures, the evaluation of images and dat relating to the procedures and the assessment of an individual before, during and afte the procedure.

The Medical Radiation Technology Act also sets out which of the 13 controlled acts as out in the Regulated Health Professions Act, members are authorized to perform. Thes are known as authorized acts. The Medical Radiation Technology Act states:

"In the course of engaging in the practice of medical radiation technology, a member i authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
- **Beyond the opening of the urethra,**
- **Beyond the labia majora,**
- **Beyond the anal verge, or**
- **Into an artificial opening of the body.**

4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy."

If you have any comments or suggestions record them here

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The Standards of Practice are intended to be generic. The indicators that follow each Practice Standard indicate the application of the Practice Standard in a specific dimen: of practice. Most indicators refer to tasks that are common to all members. Indicators refer to tasks generally performed only by members in one of the specialties are listed under separate headings. The methods for implementing each task may be determine departmental policies and procedures.

In the event that the Standards of Practice set a standard that is higher than departmental policy or procedure, the member must comply with the standard set by t Standards of Practice. In the Standards of Practice, the term "legislation" refers to bo statutes and regulations.

Under the College's Standards of Practice, members of the College are expected to be:

Competent: meaning to have the necessary knowledge, skills and judgement to perfor safely, effectively and ethically and to apply that knowledge, skill and judgement to ensure safe, effective and ethical outcomes for the patient. This means that members must maintain competence in their current area of practice, must refrain from acting i not competent, and must take appropriate action to address the situation.

Accountable: meaning to take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of a team. This means t members must accept the consequences of their decisions and actions and act on the basis of what they, in their clinical judgement, believe is in the best interests of the patient. members must take appropriate action if they feel these interests are being unnecessarily and unacceptably compromised. This includes not implementing ordere procedures or treatment plans that, from their perspective, appear to be contraindicat and in this event, taking appropriate action to address the situation.

Collaborative: meaning to work with other members of the health care team to achiev the best possible outcomes for the patient. This means members are responsible for communicating and coordinating care provision with other members of the health car team, and taking appropriate action to address gaps and differences in judgement abc care provision.

If you have any comments or suggestions please record them here

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1. Legislation, Standards and Ethics

The following Standard is proposed:

Members must understand, and adhere to, the legislation governing the practice of the profession, the Standards of Practice set by the College, the Code of Ethics and the by-la of the College.

If you have comments or suggestions regarding this Standard please record them here.

The following indicators proposed for this Standard are applicable to all members in all specialties. Please review each indicator and select a response to the questions that follow identify whether compliance with the following indicators is required for the provision of safe effective and ethical practice.

1.1 Indicators - Members in all specialties must ....

1.1 a. have the knowledge, skills and judgement to perform procedures undertaken in th course of the practice of the profession

Is compliance with this indicator required for safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 b. take responsibility for decisions and actions, including those undertaken independently and those undertaken as a member of the team

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 c. work with other members of the health care team to achieve the best possible outcomes for the patient

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 d. adhere to all relevant provincial and federal legislation and guidelines governing t practice of the profession

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 e. adhere to the Standards of Practice set by the College

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 f. adhere to the Code of Ethics and the by-laws of the College

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.1 g. adhere to all regulations made under the Medical Radiation Technology Act includi Quality Assurance, Registration, Professional Misconduct and Advertising

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

1.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

1.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

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2. Equipment and Materials

The following Standard is proposed:

Members must have the knowledge, skills and judgement to select the appropriate equipment and materials for procedures ordered by a physician or other authorized heal professional, to make determinations as to the quality, serviceability and operability of t equipment and materials, and to take any corrective actions required to meet standards by legislation, facility policies and manufacturers' guidelines. Members must be skilled i making safe, efficient and effective use of resources to produce the desired examination information or deliver safe, effective treatment.

If you have any comments or suggestions regarding this Standard, please record them h

The following indicators proposed for this Standard are applicable to all members in all specialties. Please review each indicator and select a response to the questions that follow identify whether compliance with the following indicators is required for the provision of safe effective and ethical practice.

2.1 Indicators - Members in all specialties must ....

2.1 a. ensure the room is prepared for the procedure specified in the order

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 b. select and set up the equipment and materials needed for the procedure specified the order

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 c. select the correct substances to be administered orally, by injection or inhalation, into the body through an orifice

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 d. prepare diagnostic or therapeutic substances as required

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 e. conduct the required quality control tests, or ensure that the required quality cont tests have been conducted, on each piece of equipment and any materials used in the ordered procedure, according to the applicable legislation and the facility policies and manufacturers' guidelines

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 f. ensure that the results of quality control tests are acceptable

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 g. if quality control tests are not within acceptable limits, take corrective action to ensure that the standards set by legislation, facility policies and manufacturers' guidelin are met

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 h. determine the quality, serviceability, and operability of the equipment and materi to be used in the procedure in accordance with the standards set by legislation, facility policies and manufacturers' guidelines, and if the standards are not met, take corrective action

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 i. determine, set and verify the technique and protocol to be used in the procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 j. verify all required immobilization and/or beam modification devices

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.1 k. make use of appropriate shielding devices

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.2 If you have suggestions that would clarify any of the indicators listed above, please provide them here.

2.3. If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec radiation therapy. If you are registered in radiation therapy please review each indicator and select a response to the questions that follow to identify whether compliance with the followi indicators is required for the provision of safe, effective and ethical practice.

2.4 Indicators - . Members in radiation therapy must ....

2.4 l. prepare or construct immobilization or personalized devices and/or beam modifica devices as required

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.5 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

2.6 If there are additional indicators that you feel should be required to ensure that provision of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec magnetic resonance. If you are registered in magnetic resonance please review each indica and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

2.7 Indicators - . Members in magnetic resonance must ....

2.7 m. administer and follow the necessary safety precautions for entry to the magnet r

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.8 If you have suggestions that would clarify any of the indicators listed above, please provide them here.

2.9 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec nuclear medicine and radiation therapy. If you are registered in nuclear medicine or radiatio therapy please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe effective and ethical practice.

2.10 Indicators - . Members in nuclear medicine and radiation therapy must ....

2. 10 n. dispose of expired, unused or contaminated eluate, radioactive materials and all administrative devices in accordance with legislation and established safety protocols

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2. 10 o. store radiopharmaceuticals and radioactive materials according to manufacturer specifications

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.11 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

2.12 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registered diagnostic medical sonography. If you practise in diagnostic medical sonography please rev each indicator and select a response to the questions that follow to identify whether compli with the following indicators is required for the provision of safe, effective and ethical practic

2.13 Indicators - . Members in diagnostic medical sonography must ....

2.13 p. ensure transducers are cleaned and/or reprocessed after each patient use in accordance with the manufacturers' guidelines, other applicable guidelines and the facil policies

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.13 q. use, store and dispose of ultrasound gel and gel containers in accordance with applicable guidelines and the facility policies

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

2.14 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

2.15 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

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3. Diagnostic and Therapeutic Procedures

The following Standard is proposed:

Members must be able to create images and data that are sufficiently accurate and clear the diagnostic or therapeutic procedures that are ordered by a physician or other author health professional. In the case of procedures that use ionizing radiation, members use only the minimum amount of radiation necessary during the course of the procedure. Members performing procedures using soundwaves for diagnostic ultrasound use the minimum acoustic power output and minimum exposure time. Members must be profici in evaluating the images, data and tests relating to the procedures to ensure that the images, data and tests are satisfactory.

Members must be able to administer ionizing radiation, radiopharmaceuticals, electromagnetism and soundwaves for diagnostic ultrasound accurately and in accordan with the order of the physician or other authorized health professional for the diagnostic therapeutic procedure and the applicable legislation. Members must not apply or administer ionizing radiation or radiopharmaceuticals unless the conditions under the applicable legislation (including without limitation, the Healing Arts Radiation Protectior and its regulations and the Nuclear Safety and Control Act, its regulations and licences issued thereunder) have been met.

Under the Medical Radiation Technology Act, members are authorized to perform five controlled acts ("authorized acts") as required in the course of engaging in the practice the profession. They must not perform the authorized acts or any exempted controlled a unless the conditions under the Regulated Health Professions Act, the Medical Radiation Technology Act and their respective regulations, and the Standards of Practice have bee met.

If you have any comments or suggestions regarding this Standard, please record them h

The following indicators proposed for this Standard are applicable to all members in all specialties. Please review each indicator and select a response to the questions that follow identify whether compliance with the following indicators is required for the provision of safe effective and ethical practice.

3.1 Indicators - Members in all specialties must ....

3.1 a. perform procedures involving the application or administration of ionizing radiatio only when the conditions under the applicable legislation have been met (This includes, without limitation, the Healing Arts Radiation Protection Act and its regulations and the Nuclear Safety and Control Act, its regulations and licences issued thereunder.)

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 b. perform only those controlled acts that have been authorized or exempted or excepted under the legislation or delegated in accordance with the legislation and the Standards of Practice

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 c. perform authorized acts or delegated or exempted controlled acts only when the conditions under the legislation and the Standards of Practice have been met

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 d. ensure that the appropriate order authorizing the performance of the procedure is place:

i. for application of ionizing radiation: the order must be from a physician or other authorized health professional listed in the Healing Arts Radiation Protection Act or regulations

ii. for nuclear medicine procedures: the order must be from a person authorized under tl regulations made under the Public Hospitals Act or in accordance with the generally accepted professional standards established under the Independent Health Facilities Act

iii. for application of electromagnetism for magnetic resonance imaging procedures: the order must be from a physician or another authorized health professional listed in the Controlled Acts regulation made under the Regulated Health Professions Act

iv. for application of soundwaves for diagnostic ultrasound procedures: the order must b from a physician or from another authorized health professional listed in the Controlled . regulation made under the Regulated Health Professions Act with respect to certain type procedures listed in that regulation

v. for authorized acts (other than the application of electromagnetism for magnetic resonance imaging procedures or the application of soundwaves for diagnostic ultrasour procedures) the order must be from a physician

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 e. perform procedures, including authorized acts, only in the course of engaging in tl practice of the profession

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 f. not perform procedures contrary to any terms, conditions or limitations placed upc the member's certificate of registration

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 g. have and apply the necessary knowledge, skill and judgement to perform and mar the outcomes of performing the procedure safely, effectively and ethically

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 h. ensure that patient consent has been obtained

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 i. be responsible and accountable for performing the procedure and managing the outcomes having considered:

i.the known risks to the patient in performing the procedure
ii.the predictability of the outcomes in performing the procedure
iii.whether the management of the possible outcomes is within the member's knowledge skill and judgement given the situation
iv.any other factors specific to the situation to ensure the procedure is implemented safe effectively and ethically

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 j. not perform any procedure or provide any advice which may result in serious bodil harm unless that procedure or advice is within the scope of practice of the profession or member is authorized or permitted to do so by legislation

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 k. position the patient as required for the diagnostic or therapeutic procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 l. ensure the area to be diagnosed or treated will be displayed on the resultant imag captured electronically

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 m. use radiation protection devices and other patient protection devices as required

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 n. instruct the patient on breathing and movement procedures

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 o. ensure that the orientation of the body and other pertinent parameters are marke correctly on the images and data

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 p. ensure the exposure provides optimum image quality while using minimal radiatic

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

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3.1 q. ensure examination results (images and data) provide all the information request in the order

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 r. carry out the procedures ordered

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 s. assess the patient's condition before, during and after the procedure or course of treatment

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 t. respond to any change in the patient's condition during or after the procedure or course of treatment

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.1 u. complete the procedure, advise the patient of any post-procedural care, and trans the care of, or release, the patient

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

3.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to members registered in radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effecti and ethical practice.

3.4 Indicators - Members in radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography must ....

3.4 v. determine if the images and/or data are of sufficient diagnostic quality or if additi or repeat images are necessary

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.5 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

3.6 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec magnetic resonance. If you are registered in magnetic resonance please review each indica and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

3.7 Indicators - Members in magnetic resonance must ....

3.7 w. perform procedures involving the application of electromagnetism for magnetic resonance imaging only when the conditions under the Regulated Health Professions Act the Medical Radiation Technology Act and their respective regulations have been met

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.8 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

3.9 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec diagnostic medical sonography. If you are registered in diagnostic medical sonography plea review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

3.10 Indicators - Members in diagnostic medical sonography must ....

3.10 x. perform procedures involving the application of soundwaves for diagnostic ultrasound imaging only when the conditions under the Regulated Health Professions Ac the Medical Radiation Technology Act and their respective regulations have been met

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.10 y. use the minimum acoustic power output and minimum exposure time to obtain tl optimum image quality and the necessary clinical information

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.11 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

3.12 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registered in radiation therapy. If you are registered in radiation therapy please reviev each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effectiv and ethical practice.

3.13 Indicators - Members in radiation therapy must ....

3.13 z. develop and/or interpret a treatment plan for each patient

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 aa. calculate treatment doses and duration of administration

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 bb. ensure use of record and verification systems

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 cc. identify the treatment field and treatment volumes

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 dd. determine if the image verifies treatment parameters or if a repeat image is necessary

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 ee. assess and match the treatment verification image with the reference image an make required adjustments to patient position

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

13.3 ff. select and/or verify treatment parameters

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.13 gg. administer treatment

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

3.14 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

3.15 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

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4. Safe Practice

The following Standard is proposed:

Members must have and maintain the knowledge, skills and judgement to practise safely adhering to all relevant provincial and federal legislation and guidelines, departmental protocols and policies and manufacturers' directions pertaining to health and safety. In the event of any unexpected problems or emergencies, members must be competent and prepared to handle or to assist in the management of the situation.

If you have comments or suggestions regarding this Standard, please record them here.

The following indicators proposed for this Standard are applicable to all members. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

4.1 Indicators - Members in all specialties must ....

4.1 a. observe all departmental and facility policies and relevant provincial and federal legislation and guidelines pertaining to health and safety, such as:

i.Regulated Health Professions Act and its regulations
ii.Medical Radiation Technology Act and its regulations
iii.Public Hospitals Act and its regulations
iv.Independent Health Facilities Act and its regulations
v.Healing Arts Radiation Protection Act and its regulations
vi.Occupational Health and Safety Act and its regulations
vii.Nuclear Safety and Control Act and its regulations and licences issued thereunder
viii.Radiation Emitting Devices Act and its regulations
ix.Transportation of Dangerous Goods Act and its regulations
x.Health Protection and Promotion Act and its regulations
xi.Health Canada's Technical Reports and Publications, including:

• Safety Code 20A – X-Ray Equipment in Medical Diagnosis Part A: Recommended Procedures for Installation and Use, 1980
• Safety Code 26 – Guidelines on exposure to Electromagnetic Fields from Magnetic Resonance Clinical Systems, 1987
• Safety Code 30 – Radiation Protection in Dentistry, 1999
• Safety Code 36 – Radiation Protection in Mammography: Recommended Safety Proced for the Use of Mammographic X-Ray Equipment, 2013
• Safety Code 35 – Safety Procedures for the Installation, Use and Control of X- Ray Equipment in Large Medical Radiological Facilities, 2008

xii. As Low As Reasonably Achievable (ALARA) principle

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 b. conduct the appropriate quality control tests, or ensure that the appropriate quali control tests have been conducted, for all equipment and substances to be used in the diagnostic or therapeutic procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 c. take corrective action if quality control tests are not within acceptable limits

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 d. use substances only before their expiry time or date

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 e. verify the patient's identity for all diagnostic or therapeutic procedures

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 f. prior to performing the procedure, ascertain whether there are any contraindicatio to the procedure, including pregnancy for procedures involving ionizing radiation, and n the patient's physician, authorized health professional, radiologist, nuclear medicine physician, cardiologist, or radiation oncologist of any contraindications and obtain direct to proceed, modify or halt the procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 g. prior to administering a substance orally, by injection or inhalation, or into the bo through an orifice, ascertain whether there are any contraindications to administering t substance to the patient and make necessary explanations, or referrals or implement necessary restrictions

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 h. assess the patient's physical and emotional limitations and ensure that the patien will not be expected to perform any task or movement that would cause physical harm

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 i. take all reasonable precautions to ensure that no equipment can injure a patient

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 j. use the ALARA principle to minimize patient exposure to radiation for the procedur

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 k use shielding/protective devices where indicated

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 l. initiate emergency response procedures, notify a physician (if possible) and assist or carry out, emergency treatment as required if a patient suffers any adverse reaction t treatment or to administered substances

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 m. use appropriate aseptic techniques and infection control procedures in the course the diagnostic or therapeutic procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 n. protect themselves, their colleagues, other members of the health care team, any other individuals who may be present as well as any patient from any unnecessary expo to radiation

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 o. ensure all positioning aids and immobilization devices maintain the patient's posit appropriate to the diagnostic or therapeutic procedure according to departmental or faci policy

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 p. assess the patient's condition before, during and after the course of treatment or procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.1 q. where appropriate, remove markers and accessory equipment/devices before the patient is released

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

4.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec magnetic resonance. If you are registered in magnetic resonance please review each indica and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

4.4 Indicators - Members in magnetic resonance must ....

4.4 r. ensure that there are no contraindications present that could harm the patient or would exclude the patient from having the examination

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.4 s. ensure that all equipment and devices, both patient-specific and accessory, are MI compatible before being brought into the MR area

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.4 t. administer and follow the necessary safety precautions for entry to the magnet ro to protect themselves, the patient, their colleagues, other members of the health care te and any other individuals who may be present

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.5 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

4.6 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec nuclear medicine. If you are registered in nuclear medicine please review each indicator anc select a response to the questions that follow to identify whether compliance with the followi indicators is required for the provision of safe, effective and ethical practice.

4.7 Indicators - Members in nuclear medicine must ....

4.7 u. conduct personal and area contamination monitoring

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.7 v. decontaminate where necessary in accordance with any licence(s) issued under th Nuclear Safety and Control Act

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.7 w. use appropriate personal protection equipment when handling radioactive materi in accordance with any licence(s) issued under the Nuclear Safety and Control Act

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.8 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

4.9 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec radiation therapy. If you are registered in radiation therapy please review each indicator and select a response to the questions that follow to identify whether compliance with the followi indicators is required for the provision of safe, effective and ethical practice.

4.10 Indicators - Members in radiation therapy must ....

4.10 x. label and orient all patient-specific ancillary equipment

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

4.11 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

4.12 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

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5. Relationship with Patients

The following Standard is proposed:

Members must maintain clear and professional boundaries in relationships with patients treat all patients with dignity and respect. Members must have the knowledge, skills anc judgement to avoid placing patients at unnecessary risk of harm, pain or distress. Memb must be able to provide appropriate responses to patient inquiries about procedures anc related issues, and accept the patient's autonomy and the right of the patient or the patient's substitute decision maker to consent to or refuse service. Members must understand how and act to protect the confidentiality of all professionally acquired information about patients and the privacy of patients with respect to that information, while facilitating the effective delivery of health care.

If you have comments or suggestions regarding this Standard, please record them here.

The following indicators proposed for this Standard are applicable to all members. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

5.1 Indicators - Members in all specialties must ....

5.1 a. provide clear and understandable information to the patient or patient's substitut decision maker prior to, during and after the diagnostic or therapeutic procedure, using interpreter if necessary

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 b. give the patient or patient's substitute decision maker an opportunity to ask quest

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 c. provide the patient or patient's substitute decision maker with answers to his or h questions within the scope of the profession's responsibility

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 d. refer questions of the patient or patient's substitute decision maker that are outsi the scope of the profession's responsibility to an appropriate health professional for answers

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 e. carry out diagnostic or therapeutic procedures only with the informed consent of t patient or the patient's substitute decision maker

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 f. treat the patient with dignity and respect and in accordance with the Code of Ethic the College

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 g. make modifications to procedures based on the patient's physical, medical and/or emotional status and needs, based on the member's assessment of the patient's physica medical and/or emotional status and needs

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 h. instruct the patient to remove only the clothing and items that will interfere with t diagnostic or therapeutic procedures

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 i. provide the patient with a gown or sheet to cover areas where clothing was remov

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

member

5.1 j. explain to the patient when and where the ~~MRT/members/registrants~~ might touch them and why

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 k. touch the patient in only those areas needed to facilitate carrying out the procedu

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 l. keep all patient information confidential except when necessary to facilitate diagn or treatment of the patient, or when legally obliged or allowed to disclose such informat

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 m. comply with any applicable privacy legislation such as the Personal Health Information Protection Act

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 n. comply with all relevant legislation such as the Health Care Consent Act

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.1 o. comply with the Regulated Health Professions Act pertaining to the prevention of sexual abuse and the College's sexual abuse prevention program

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

5.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

5.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

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6. Professional Relationships

The following Standard is proposed:

Members must be able to practise effectively within inter-professional care teams to ach the best possible outcomes for the patient. Members are responsible for communicating about and coordinating care provision with other members of the team, and must be abl take the appropriate action to address gaps and differences in judgement about care provision.

Members may accept the delegation of controlled acts under the Regulated Health Professions Act not authorized to members under the Medical Radiation Technology Act, provided they comply with the Regulated Health Professions Act and the Standards of Practice. Members cannot delegate to other individuals controlled acts authorized to members under the Medical Radiation Technology Act.

If you have comments or suggestions regarding this Standard, please record them here.

The following indicators proposed for this Standard are applicable to all members. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

6.1 Indicators - Members in all specialties must ....

6.1 a. use a wide range of communication and interpersonal skills to effectively establis and maintain professional relationships

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.1 b. demonstrate an understanding of and respect for the roles, knowledge, expertise unique contribution of other members of the health care team to the team

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

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6.1 c. share knowledge with other members of the health care team to promote the best possible outcomes for patients

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.1 d. collaborate with other members of the health care team for the provision of qualit care

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.1 e. participate effectively in interprofessional team meetings

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.1 f. resolve concerns about an order or treatment plan by:

i.discussing the concern directly with the responsible health professional
ii.providing a rationale and best practice evidence in support of the concern
iii.identifying outcomes desired for resolution
iv.documenting the concern and steps taken to resolve it in the appropriate record

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.1 g. perform controlled acts not authorized to members under the Medical Radiation Technology Act, based on delegation, only when the following conditions have been met

i. the health professional who is delegating the controlled act (the delegator) is a memb a regulated health profession authorized by their health profession Act to perform the controlled act

ii. the delegator is acting in accordance with any applicable legislation and any guideline and policies of their regulatory body governing delegation, and has not been restricted o prohibited from delegating the controlled act

iii. the delegator has the knowledge, skills and judgement to perform and delegate the controlled act

iv. the member has the knowledge, skills and judgement to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situati

v. a written record of the transfer of authority (delegation) and certification of the meml competence is maintained

vi. the member complies with any conditions established by the delegator in order for th member to maintain the authority to perform the controlled act

vii. patient consent has been obtained

viii. the appropriate order authorizing the performance of the controlled act delegated tc member is in place

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

6.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

6.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

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7. Records and Reporting

The following Standard is proposed:

Members must be proficient in creating records, charts, incident and other reports that attest to the diagnostic, treatment, quality assurance, workplace and patient safety procedures that have been carried out. Members must have the knowledge, skills and judgement to record information that will adequately identify the subjects of all the ima and data they create and treatments they administer. Members must produce records ar reports that are accurate, complete, legible and timely.

If you have any comments or suggestions regarding this Standard, please enter them he

The following indicators proposed for this Standard are applicable to all members. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

7.1 Indicators - Members in all specialties must ....

7.1 a. record results of quality control tests

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 b. record and report any equipment faults or problems

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 c. record and notify the patient's physician, authorized health professional, radiologi nuclear medicine physician, cardiologist or radiation oncologist of any allergies, abnorm test results, pregnancy or other contraindications to the ordered procedure

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 d. mark all images and data with the patient's identity

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 e. ensure all images and data are archived according to principles and guidelines established by the employment facility

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 f. record the patient's reactions to the treatment or procedure or any administered substances

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 g. record all pertinent aspects of patient care and all procedures performed, includin emergency treatments and descriptions of, and reasons for, any deviations from standar procedures on order forms, treatment prescriptions, patient health records or other rele documentation

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 h. forward patients' records, images and pertinent data to appropriate recipients

Is compliance with this indicator required for the provision of safe, effective and ethic practice?

- ○ yes
- ○ no
- ○ not sure

7.1 i. record and inform the patient and/or members of the health care team of any fo up care required

Is compliance with this indicator required for the provision of safe, effective and ethic practice?

- ○ yes
- ○ no
- ○ not sure

7.2 If you have any suggestions that would clarify any of the indicators listed above, p provide them here.

7.3 If there are additional indicators that you feel should be required to ensure the pr of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registe nuclear medicine and radiation therapy. If you are registered in nuclear medicine or radia therapy please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of sa effective and ethical practice.

7.4 Indicators - Members in nuclear medicine and radiation therapy must ....

7.4 j. record results of radiopharmaceutical assays, quality control and other tests, radioactive preparations and disposal methods of radioactive materials

Is compliance with this indicator required for the provision of safe, effective and ethic practice?

- ○ yes
- ○ no
- ○ not sure

7.5 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

7.6 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec nuclear medicine. If you are registered in nuclear medicine please review each indicator anc select a response to the questions that follow to identify whether compliance with the followi indicators is required for the provision of safe, effective and ethical practice.

7.7 Indicators - Members in nuclear medicine must ....

7.7 k. record receipt and disposal of radiopharmaceuticals, generators and radioactive materials

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.7. l. label radiopharmaceutical preparations

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.1 m. maintain radiopharmaceutical and pharmaceutical dispensing records

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.8 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

7.9 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registerec radiation therapy. If you are registered in radiation therapy please review each indicator and select a response to the questions that follow to identify whether compliance with the followi indicators is required for the provision of safe, effective and ethical practice.

7.10 Indicators - Members in radiation therapy must ....

7.10 n. record and communicate any concerns regarding the treatment or treatment prescription to the appropriate radiation oncology personnel

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.11 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

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7.12 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

The following indicators proposed for this Standard are applicable to all members registered diagnostic medical sonography. If you are practising in diagnostic medical sonography please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

7.13 Indicators - Members in diagnostic medical sonography must ....

7.13 o. record and communicate their observations and technical impressions regarding diagnostic ultrasound procedure to the reporting health professional

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

7.14 If you have any suggestions that would clarify any of the indicators listed above, please provide them here.

7.15 If there are additional indicators that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

No indicators proposed in this Standard are applicable only to radiography. If you are registe in radiography please consider the following question.

7.16 If there are additional indicators in radiography that you feel should be required to ensure the provision of safe, effective and ethical practice, please list them below.

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8. Continuing Competence

The following Standard is proposed:

Members must have, maintain and apply the necessary knowledge, skills and judgement ensure safe, effective and ethical outcomes for the patient. Members must maintain competence in their current area of practice and must refrain from acting if not compete Members must obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emergir issues. Members must participate in the College's Quality Assurance Program as part of maintaining and improving their competence.

If you have any comments or suggestions regarding this Standard, please record them h

The following indicators proposed for this Standard are applicable to all members. Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required for the provision of safe, effective and ethical practice.

8.1 Indicators - Members in all specialties must ....

8.1 a. maintain competence and refrain from performing activities that the member is nc competent to perform

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 b. maintain and apply current and relevant scientific and professional knowledge an skills in their practice

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 c. obtain and maintain the necessary knowledge, skills and judgement to respond to changes in practice environments, advances in technology and other emerging issues

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 d. assume responsibility for professional development and for sharing knowledge wi others

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 e. invest time, effort and other resources to improve their knowledge, skills and judgement

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 f. engage in a learning process to enhance practice

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.1 g. participate in the College's Quality Assurance Program

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

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8.1 h. collaborate with other members of the health care team to create quality practice settings

Is compliance with this indicator required for the provision of safe, effective and ethical practice?

- ○ yes
- ○ no
- ○ not sure

8.2 If you have any suggestions that would clarify any of the indicators listed above, ple provide them here.

8.3 If there are additional indicators that you feel should be required to ensure the provi of safe, effective and ethical practice, please list them below.

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Code of Ethics for Members of the College of Medical Radiation Technologists of Ontario

Introduction

The Code of Ethics is a set of principles that delineates responsible conduct and the ethical and moral behaviour of members of the College of Medical Radiation Technolog of Ontario (CMRTO). It has as its foremost goal the welfare and protection of patients the public.

The Code of Ethics provides direction and guidance for all members of the College in tl province of Ontario. In the Code of Ethics, "members" refers to all members of the College; that is, members in all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography. In the Cod Ethics, "profession" refers to the profession of medical radiation technology which includes all of the five specialties: radiography, radiation therapy, nuclear medicine, magnetic resonance and diagnostic medical sonography.

The Code of Ethics shall serve as a guide by which members may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. It is meant to serve not only members who provide clinical services, but also managers and educators who may be called upon to make judgments about ethical issues. It will also serve the college committees that may be called upon to make judgments about ethical issues ii determining professional misconduct, incompetence or incapacity.

The Code of Ethics is intended to help members choose the right, fair, good and just action. Each member is personally responsible for behaving according to the ethical principles set down in the Code.

The consideration of ethical issues is an essential component of providing service. The Code of Ethics is to be used in conjunction with the College's Standards of Practice. Together, these documents provide a model for ensuring safe, effective and ethical professional performance to ensure safe, effective and ethical outcomes for patients.

If you have any comments please record them here:

The following ethical indicators proposed for this Code of Ethics are applicable to all membe Please review each indicator and select a response to the questions that follow to identify whether compliance with the following indicators is required to ensure safe, effective and etl outcomes for patients.

1. Responsibility to the public

Members act to ensure the trust and respect of the public by:

1. a. maintaining high standards of professional conduct, competence and appearance

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

1. b. providing only those services for which they are qualified by education, training or experience

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

1. c. not making false, misleading or deceptive statements, orally or in writing

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

1. d. advancing and supporting health promotion and research

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. Responsibility to patients

Members act in the best interests of their patients by:

2. a. upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. b. respecting the dignity, privacy and autonomy of their patients

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. c. maintaining clear and appropriate professional boundaries in the MRT – patient relationship

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. d. treating all patients equitably, regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender express age, marital status, family status, disability or type of illness

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. e. providing individualized, comprehensive and safe treatment during examinations o therapy sessions, taking into account the patient's particular physical and emotional nee values and cultural background

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

2. f. preserving and protecting the confidentiality of information acquired through professional contact with the patient, except to facilitate diagnosis or treatment of the patient, or when legally obliged or allowed to disclose such information

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

3. Responsibility to the profession

Members promote excellence in the profession by:

3. a. assisting each other and the CMRTO in upholding the spirit and the letter of the law the Regulated Health Professions and Medical Radiation Technology Acts, their respectiv regulations and the standards of practice set by the CMRTO

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

3. b. contributing to the development of the art and science of the profession through continuing education and research

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

3. c. conducting all professional activities, programs and relations honestly and responsi and by avoiding any actions that might discredit the profession

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

4. Responsibility to Colleagues and other health professionals

Members develop and maintain positive, collaborative relationships with colleagues a other health professionals by:

4. a. consulting with, referring to and co-operating with other professionals to the exten needed to serve the best interests of their patients

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

4. b. ensuring the safety of other health professionals when in practice or in areas under member's responsibility

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

4. c. educating colleagues and other health professionals about practices and procedures relating to the profession

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

5. Personal Responsibility

Members are accountable for all of their professional undertakings and shall:

5. a. aspire to a high level of professional efficacy at all times

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

5. b. maintain and apply current and relevant scientific and professional knowledge and in every aspect of practice

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

5. c. avoid conflict of interest

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

5. d. provide professional service only when free from the influence of alcohol, drugs or other substances or any condition that might impede the delivery of safe service

Is compliance with this indicator required to ensure safe, effective and ethical outcomes patients?

- ○ yes
- ○ no
- ○ not sure

If you have any comments or suggestions regarding the Code of Ethics, please record th here.

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Kirusha Kobindarajah

From: Linda Gough
Sent: November-23-17 7:19 AM
To: Denise Cole
Cc: Douglas Ross (MOHLTC); Zoe Soper (MOHLTC); Allison (MOH) Henry; Stephen Cheng (MOH)
Subject: Thank you! ...and next steps

Hello Denise

It is almost four months since you directed CMRTO to work with your team to regulate diagnostic medical sonographers with CMRTO as a fifth specialty by January 2018.

I would like to extend a special thanks to your team for moving the CMRTO registration regulation (and the two other regulations and the Medical Radiation and Imaging Technology Act) forward. They have worked diligently to meet this accelerated timeline. It is much appreciated and essential to closing the public protection gap in medical radiation and imaging services - as you know.

Yesterday, I picked up the sealed registration regulation from Doug Ross and this morning I'm flying to Ottawa to sign it with our President, Wendy Rabbie. Wendy has been on the CMRTO Council for six years and is past-chair of our ICRC Committee. The regulation of sonographers is her most pressing objective. She is the Director of Diagnostic Services at the Children's Hospital of Eastern Ontario and understands the importance of regulating sonographers using a comprehensive framework for all medical radiation and imaging.

Operationally, CMRTO is ready to start regulating sonographers on January 1, 2018. We have hired new staff, doubled our registration department, and this weekend we are taking down walls and installing more workstations.

Our new College Membership Management computer system is close to being finished (collaborative development with the College of Physiotherapists of Ontario), and we will have our first on-line application process ready for receiving applications on January 1, 2018.

The Standards of Practice are out for consultation and will be reviewed and approved by Council at their meeting on December 8, ready for implementation on January 1. Supporting registration policies have been drafted and will be reviewed and approved by Council on December 8.

In October I travelled around the province and gave 13 information workshops to MRTs and sonographers about the regulation of sonographers and the expected changes to the CMRTO. We reached over 500 sonographers and the vast majority of them are very supportive of regulation and wanted to know when they can start the application process!

The CMRTO Council has approved the use of considerable resources (including our modest reserve fund) to this important regulatory initiative because they understand the CMRTO's role in protecting the public of Ontario. We appreciate the work and commitment of your staff in supporting this.

Tomorrow I will deliver the signed sealed registration regulation to Doug Ross. We are hopeful that the last steps in this journey, approval by cabinet and filing, will happen as soon as possible and certainly by December 31, 2017. There's only five weeks remaining!

Once again, thank you Denise. If you have any questions, please don't hesitate to call me.

Best regards
Linda

Linda Gough, MRT(R) Registrar & CEO

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Kirusha Kobindarajah

From: Dicerni, Patrick (MOHLTC) <Patrick.Dicerni@ontario.ca>
Sent: September-27-17 4:24 PM
To: Linda Gough
Cc: Guerriero, Lynn (MOHLTC); Court, Sean (MOHLTC); Ryan, Pauline (MOHLTC)
Subject: OHFDA introduced in the legislature

Linda,

We are pleased to inform you that earlier today, Dr. Eric Hoskins, the Minister of Health and Long-Term Care, introduced the *Strengthening Quality and Accountability for Patients Act, 2017*, for First Reading in the Legislature. This Act proposes several legislative changes. One of these changes is the proposed *Oversight of Health Facilities and Devices Act, 2017* (Schedule 9 of the bill) to oversee community health facilities (CHFs) and energy applying and detecting medical devices (EADMDs).

- CHFs provide health care services outside of hospitals (e.g., Independent Health Facilities and Out of Hospital Premises).
- EADMDs apply or detect acoustic, electromagnetic, or particle radiation in relation to human beings (e.g., X-rays, magnetic resonance imaging, and ultrasound machines).

The proposed legislation, if passed, would repeal the *Independent Health Facilities Act and the Healing Arts Radiation Protection Act*, and replace them with the *Oversight of Health Facilities and Devices Act, 2017*. It would also allow the repeal of the *Private Hospitals Act, 1991* at a later date.

The proposed *Oversight of Health Facilities and Devices Act, 2017*, if passed, would:

- Establish a single legislative framework for both EADMDs and CHFs;
- Expand the scope of regulation beyond X-ray machines to include all EADMDs in all facilities;
- Consolidate oversight of Independent Health Facilities and Out-of-Hospital Premises;
- Establish licensing regimes for both EADMDs and CHFs;
- Establish a harmonized governance and oversight, accountability, and enforcement structure that would be responsible for ensuring safety, quality, and transparency for EADMD procedures and in CHF services;
- Establish evidence-based safety, quality, and transparency standards for EADMDs and CHFs; and
- Continue to fund some CHFs and protect all persons from inappropriate charges for OHIP-insured services.

The News Release can be found here: https://news.ontario.ca/newsroom/en
The bill can be found here: http://www.ontla.on.ca/web/bills/bills_current.do?locale=en

This work has been informed by recommendations made in two Health Quality Ontario reports: "Building an Integrated System for Quality Oversight in Ontario's Non-Hospital Medical Clinics" and the "Report and Recommendations on Modernizing Ontario's Radiation Protection Legislation," and by feedback received from stakeholders through consultation webinars and submissions.

Additionally, in the coming months, the Minister of Health and Long-Term Care intends to strike a Task Force to advise Ontario on new and enhanced safety and quality regulations for X-ray devices (i.e., conventional X-ray machines, CT scanners, and fluoroscopy) that are currently regulated under the *Healing Arts Radiation Protection Act*. This work will support the transition from the *Healing Arts Radiation Protection Act* to the new legislation, if passed.

Thank you for your contribution to this important initiative. We look forward to continuing to engage with you as we move forward with this work.

Sincerely,

Patrick Dicerni	Lynn Guerriero
Assistant Deputy Minister	Assistant Deputy Minister
Strategic Policy Branch	Negotiations and Accountability Management Division

Kirusha Kobindarajah

From: Henry, Allison (MOHLTC) <Allison.Henry@ontario.ca>
Sent: September-27-17 4:05 PM
Subject: Introduction of Strengthening Quality and Accountability for Patients Act, 2017

On behalf of the Ministry of Health and Long-Term Care, I am writing to inform you of work the government is undertaking to strengthen transparency by bringing clarity to the legislation under which radiation and imaging technologists will be regulated in Ontario.

Stakeholder input was taken into careful consideration and has been reflected in proposed new legislation, the *Medical Radiation and Imaging Technology Act, 2017*. This Act was introduced for First Reading in the Legislature today, as Schedule 6 of the proposed omnibus Bill, the *Strengthening Quality and Accountability for Patients Act, 2017*. The News Release can be found here: https://news.ontario.ca/newsroom/en

Once posted, the Bill can be found here: http://www.ontla.on.ca/web/bills/bills_current.do?locale=en

If passed, the proposed *Medical Radiation and Imaging Technology Act, 2017* would replace the *Medical Radiation Technology Act, 1991* with new legislation that appropriately reflects the entirety of the medical radiation and imaging technology profession. The key legislative changes from the current state captured in the proposed *Medical Radiation and Imaging Technology Act, 2017* include updating:

- The name of the profession and of the health regulatory college overseeing the profession to accurately reflect the totality of its membership;
- The protected titles to align with commonly-used professional titles; and
- The scope of practice statement by adding "application of soundwaves" to reflect the regulation of diagnostic medical sonographers.

Amendments were made to other pieces of legislation as part of this Bill, please see the above noted link for the various schedules (again, it may take some time for the Bill to be posted).

Thank you,

Allison

Allison Henry, Director
Health System Labour Relations and Regulatory Policy Branch
Health Workforce Planning and Regulatory Affairs Division
56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3
416-327-8543

Ontario

NEWS

Ministry of Health and Long-Term Care

Strengthening Quality and Accountability for Patients Act, 2017

September 27, 2017 1:30 P.M.

The Strengthening Quality and Accountability for Patients Act, 2017, which Ontario intends to introduce later today, would support Ontario's Patients First: Action Plan for Health Care and, if passed, would ensure that patients continue to receive quality and accountable health care services. The 10 pieces of legislation included in the bill are:

Health Sector Payment Transparency Act, 2017

Ontario is introducing new legislation that would, if passed, make it mandatory for the medical industry, including pharmaceutical and medical device manufacturers, to disclose payments made to health care professionals and organizations, as well as other recipients. This legislation would strengthen transparency by providing information about financial relationships within the health care system and help patients make better informed decisions about their own health care.

The medical industry would be required to report all information about all other transfers of value, including meals and hospitality, travel associated expenses, and financial grants. The public would be able to search this information in an online database.

Health Protection and Promotion Act, 1990

Ontario is amending the Health Protection and Promotion Act to, if passed, permit the regulation of recreational water facilities like splash pads and wading pools to protect the health and safety of infants and young children. These changes would also permit the regulation of personal service settings like barber shops, nail salons, tattoo parlours and their aesthetic practices to better prevent infection in these settings.

These changes would bring Ontario in line with several other jurisdictions in Canada.

Long-Term Care Homes Act, 2007

While the vast majority of long-term care homes are in compliance with provincial rules and regulations, the legislation proposes new enforcement tools, including financial penalties, and

new provincial offences to ensure long-term care home operators are addressing concerns promptly.

The legislation also proposes a consent-based framework to protect residents who need to be secured in a long-term care home for safety reasons.

Retirement Homes Act, 2010

Ontario has a robust oversight system enforced by the Retirement Homes Regulatory Authority (RHRA) and recently consulted on ways to continue to improve the system in place.

The proposed changes would:

- Strengthen the oversight powers of the RHRA
- Increase transparency, accountability and governance through changes that include permitting the Auditor General to conduct value-for-money audits of the RHRA and by giving the minister authority to require reviews of the RHRA

Ambulance Act, 1990

Ontario is proposing to change the Ambulance Act to provide paramedics with increased flexibility to deliver alternative care options on-scene to patients, avoiding unnecessary visits to the emergency department.

Currently, paramedics are bound by law to transport patients to hospital facilities only. The proposed changes, if passed, would help reduce overcrowding in emergency departments by allowing paramedics to redirect low acuity patients who call 911 to non-hospital facilities (e.g. mental health facility or other home and community care resource).

Oversight of Health Facilities and Devices Act, 2017

Ontario is proposing to strengthen the safety and oversight of services delivered in community health facilities and with medical radiation devices like X-ray machines, CT scanners, ultrasound machines and MRIs.

The province's legislation would, if passed:

- Modernize and expand the regulation of medical radiation devices in all facilities to ensure safety and quality when using these devices
- Strengthen accountability in the system for providing high-quality care
- Ensure patients and their caregivers have access to critical information about the quality of care provided through public reporting.

This proposal would also allow private hospitals or other health facilities to be designated as community health facilities at a later date, so there is consistent quality oversight through detailed reporting and an enhanced inspection regime. This legislation would also allow the Private Hospitals Act to be repealed at a later date.

Medical Radiation and Imaging Technology Act, 2017

Ontario is proposing changes to strengthen transparency of the oversight of diagnostic medical sonographers (those who use ultrasound) by replacing the Medical Radiation Technology Act with new legislation to cover the entirety of the medical radiation and imaging technology profession.

Key changes proposed under the new Medical Radiation and Imaging Technology Act include:

- Updating the name of the profession and of the health regulatory college overseeing the profession to accurately reflect the entirety of its membership
- Changing the scope of practice statement to include the "application of soundwaves" to capture diagnostic sonographers
- Appropriately identifying all radiation and imaging professionals that are members of the college.

Excellent Care for All Act, 2010

The proposed amendments to the Excellent Care for All Act, 2010 include:

- Enabling the Patient Ombudsman to conduct investigations in private by excluding their investigation records from the Freedom of Information and Protection of Privacy Act
- Allowing government to make regulations specifying purposes for which Health Quality Ontario (HQO) may collect, use, and disclose personal health information which may be included, in its yearly reports.

Ontario Drug Benefit Act, 1990

This proposed new amendment would remove the last outdated reference to physicians in the Ontario Drug Benefit Act to reflect that other health care professionals (such as nurse practitioners) can prescribe drug products in Ontario.

The proposed change in scope for nurse practitioners was first addressed under the Protecting Patients Act, 2017, and would increase patients' access to the medications they need.

Ontario Mental Health Foundation Act, 1990

The province is proposing to repeal the Ontario Mental Health Foundation Act (OMHF) to complete the dissolution of the foundation. The decision to dissolve the OMHF has been made

based on the results of a review that found the bulk of OMHF's original mandate (diagnosis and treatment) is currently delivered by community-based organizations. Its research mandate will be managed through Ontario's existing Health System Research Fund.

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Legislative Assembly of Ontario

Assemblée législative de l'Ontario

2ND SESSION, 41ST LEGISLATURE, ONTARIO
66 ELIZABETH II, 2017

Bill 160

An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients

The Hon. E. Hoskins
Minister of Health and Long-Term Care

Government Bill

1st Reading September 27, 2017

2nd Reading

3rd Reading

Royal Assent

SCHEDULE 6
MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT, 2017

Definitions

1 In this Act,

"College" means the College of Medical Radiation and Imaging Technologists of Ontario; ("Ordre")

"Health Professions Procedural Code" means the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991*; ("Code des professions de la santé")

"member" means a member of the College; ("membre")

"profession" means the profession of medical radiation and imaging technology; ("profession")

"this Act" includes the Health Professions Procedural Code. ("la présente loi")

Health Professions Procedural Code

2 (1) The Health Professions Procedural Code shall be deemed to be part of this Act.

Terms in Code

(2) In the Health Professions Procedural Code as it applies in respect of this Act,

"College" means the College of Medical Radiation and Imaging Technologists of Ontario; ("Ordre")

"health profession Act" means this Act; ("loi sur une profession de la santé")

"profession" means the profession of medical radiation and imaging technology; ("profession")

"regulations" means the regulations under this Act. ("règlements")

Definitions in Code

(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this Act.

Scope of practice

3 The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Authorized acts

4 In the course of engaging in the practice of medical radiation and imaging technology, a member is authorized, subject to the terms, conditions and limitations imposed on their certificate of registration, to perform the following:

1. Administering substances by injection or inhalation.
2. Tracheal suctioning of a tracheostomy.
3. Administering contrast media, or putting an instrument, hand or finger,
    i. beyond the opening of the urethra,
    ii. beyond the labia majora,
    iii. beyond the anal verge, or
    iv. into an artificial opening of the body.
4. Performing a procedure on tissue below the dermis.
5. Applying a prescribed form of energy.

Additional requirements for authorized acts

5 (1) A member shall not perform a procedure under the authority of paragraphs 1 to 4 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Same

(2) A member shall not perform a procedure under paragraph 5 of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or a member of any other College who is authorized to order the procedure or the member performs the procedure pursuant to an exemption set out in a regulation made under the *Regulated Health Professions Act, 1991*.

Professional misconduct

(3) In addition to the grounds set out in subsection 51 (1) of the Health Professions Procedural Code, a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member contravenes subsection (1) or (2) of this section.

College continued

6 The College of Medical Radiation Technologists of Ontario is continued under the name College of Medical Radiation and Imaging Technologists of Ontario in English and Ordre des technologues en radiation médicale et en imagerie médicale de l'Ontario in French.

Council

7 (1) The Council shall be composed of,

(a) at least six and no more than nine persons who are members elected in accordance with the by-laws;

(b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,

(i) members,

(ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or

(iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and

(c) one or two persons selected, in accordance with a by-law made under section 13, from among members who are faculty members of an educational institution in Ontario that is authorized to grant diplomas or degrees in a specialty of the profession.

Who can vote in elections

(2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the Council.

President and Vice-President

8 The Council shall have a President and Vice-President who shall be elected annually by the Council from among the Council's members.

Restricted titles

9 (1) No person other than a member shall use the title "medical radiation and imaging technologist", "diagnostic medical sonographer", "radiological technologist", "radiation therapist", "nuclear medicine therapist", "magnetic resonance technologist", a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(2) No person other than a member shall hold themself out as a person who is qualified to practise in Ontario as a medical radiation and imaging technologist or in a specialty of medical radiation and imaging technology.

Definition

(3) In this section,

"abbreviation" includes an abbreviation of a variation.

Notice if suggestions referred to Advisory Council

10 (1) The Registrar shall give a notice to each member if the Minister refers to the Advisory Council, as defined in the *Regulated Health Professions Act, 1991*, a suggested,

(a) amendment to this Act;

(b) amendment to a regulation made by the Council; or

(c) regulation to be made by the Council.

Requirements re notice

(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within 30 days after the Council of the College receives the Minister's notice of the suggestion.

Offence

11 Every person who contravenes subsection 9 (1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence.

Regulations

12 Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations prescribing forms of energy, other than ionizing radiation, electromagnetism and soundwaves, for the purposes of section 3.

By-laws

13 The Council may make by-laws respecting the qualifications, number, selection and terms of office of Council members who are selected.

Transition

14 (1) A person who, on the day before section 15 of this Act came into force, was registered under the *Medical Radiation Technology Act, 1991* shall be deemed to be the holder of a certificate of registration issued under this Act subject to any term, condition or limitation to which the registration was subject.

Same, Council members

(2) A person who, on the day before section 15 of this Act came into force, was a member of the Council or the President or Vice-President under the *Medical Radiation Technology Act, 1991* continues in office under this Act until their term would otherwise expire.

Same, by-laws and regulations

(3) By-laws and regulations made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force remain in force until they are revoked or replaced under this Act.

Power of Council

(4) The Council of the College of Medical Radiation Technologists of Ontario has the power to make by-laws and regulations under this Act to come into force on or after section 15 comes into force.

Repeal

15 The *Medical Radiation Technology Act, 1991* is repealed.

Healing Arts Radiation Protection Act

16 Paragraph 7 of subsection 5 (2) of the *Healing Arts Radiation Protection Act* is amended by striking out "the College of Medical Radiation Technologists of Ontario" and substituting "the College of Medical Radiation and Imaging Technologists of Ontario".

Regulated Health Professions Act, 1991

17 (1) Item 16 of the Table to the *Regulated Health Professions Act, 1991* is struck out and the following substituted:

16.	person registered under the *Radiological Technicians Act*	member of the College of Medical Radiation and Imaging Technologists of Ontario
17.	member of the College of Medical Radiation Technologists of Ontario	member of the College of Medical Radiation and Imaging Technologists of Ontario

(2) Schedule 1 to the Act is amended by striking out,

Medical Radiation Technology Act, 1991	Medical Radiation Technology

and substituting the following:

Medical Radiation and Imaging Technology Act, 2017	Medical Radiation and Imaging Technology

Commencement

18 (1) Subject to subsection (2), the Act set out in this Schedule comes into force on a day to be named by proclamation of the Lieutenant Governor.

(2) Subsection 14 (4) and sections 18 and 19 come into force on the day the *Strengthening Quality and Accountability for Patients Act, 2017* receives Royal Assent.

Short title

19 The short title of the Act set out in this Schedule is the *Medical Radiation and Imaging Technology Act, 2017.*

CIRCULATED WITH AGENDA OF NOV 09 2017 EXECUTIVE ITEM# 5fv

Bill 158, Protecting Vulnerable Road Users Act, 2017

Private Members' Public Bill
DiNovo, Cheri

Date	Bill Stage	Activity	Committee
September 26, 2017	First Reading	Carried	

CIRCULATED WITH AGENDA OF DEC - 8 2017 COUNCIL ITEM# 6fv

Bill 159, Simcoe Day Act, 2017

Private Members' Public Bill
Barrett, Toby

Date	Bill Stage	Activity	Committee
September 28, 2017		Ordered referred to Standing Committee	Standing Committee on General Government
September 28, 2017	Second Reading	Carried	
September 28, 2017	Second Reading	Debate	
September 27, 2017	First Reading	Carried	

Bill 160, Strengthening Quality and Accountability for Patients Act, 2017

Government Bill
Hoskins, Hon Eric *Minister of Health and Long-Term Care*

Date	Bill Stage	Activity	Committee
October 26, 2017		Ordered referred to Standing Committee	Standing Committee on General Government
October 26, 2017	Second Reading	Carried on division	
October 26, 2017	Second Reading	Debate	
October 24, 2017	Second Reading	Debate	
October 18, 2017	Second Reading	Debate	
October 17, 2017	Second Reading	Debate	
October 05, 2017	Second Reading	Debate	
October 04, 2017	Second Reading	Debate	
September 27, 2017	First Reading	Carried	

Bill 161, Nick's Law (Opioid Abuse Awareness), 2017

Private Members' Public Bill
MacLeod, Lisa

Date	Bill Stage	Activity	Committee
October 05, 2017		Ordered referred to Standing Committee	Standing Committee on Social Policy
October 05, 2017	Second Reading	Carried	
October 05, 2017	Second Reading	Debate	
October 03, 2017	First Reading	Carried	

Linda Gough

From: Standing Committee on General Government <comm-generalgov@ola.org>
Sent: October-31-17 9:40 AM
To: Linda Gough
Subject: Re: CMRTO Request to speak to Standing Committee on General Government regarding Bill 160

Good morning Linda,

Thank you for contacting our offices regarding Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients.

To confirm, your request to appear has been registered in our witness database, as has your contact information.

Currently, this Bill is referred to the Standing Committee on General Government, however, at this time there have been no confirmed decisions made on how to proceed with the Bill, and public hearings.

Should the Committee be able to accommodate your request, we will contact you to schedule your presentation. Please note that only those individuals selected to appear by the Committee will be contacted by this office. Our office facilitates the organization of the hearings based on the direction of the Committee members.

If the Committee proceeds with the Bill, but is unable to accommodate your request to appear, you will have the opportunity to submit your comments in writing.

Should you require anything else, please do not hesitate to contact our office at the number below.

Thank you.

Tanzima Khan | Procedural Services Assistant

Standing Committee on General Government |
Comité permanent des affaires gouvernementales
Procedural Services Branch|
Direction des services de la procédure
Legislative Assembly of Ontario |
Assemblée législative de l'Ontario
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Telephone | Téléphone: 416-325-3515
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E-mail | Courriel: comm-generalgov@ola.org

From: Linda Gough <LGough@CMRTO.org>
Sent: Tuesday, October 31, 2017 8:22:30 AM
To: Standing Committee on General Government
Cc: Debbie Tarshis
Subject: CMRTO Request to speak to Standing Committee on General Government regarding Bill 160

Dear Ms. Przezdziecki

The College of Medical Radiation Technologists of Ontario wishes to register to speak before the Standing Committee on General Government regarding Bill 160, Strengthening Quality and Accountability for Patients Act, specifically Schedule 6, Medical Radiation and Imaging Technology Act.

Please find the information regarding our request below:

Contact name: Linda Gough
Organization name: College of Medical Radiation Technologists of Ontario (CMRTO)
Presenters names and titles: Ms. Linda Gough, Registrar & CEO, CMRTO, and Ms. Debbie Tarshis, LLB, WeirFoulds LLP
Address: 375 University Avenue, Suite 300, Toronto, ON M5G 2J5
Phone number: 416-975-4353
Email: lgough@cmrto.org

If you require any further information, please don't hesitate to contact me. I look forward to hearing from you.

Sincerely,
Linda Gough

Linda Gough, MRT(R) Registrar & CEO

College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
fax 416.975.4355
email lgough@cmrto.org
www.cmrto.org

Kirusha Kobindarajah

From: Linda Gough
Sent: November-17-17 12:39 PM
To: Standing Committee on General Government
Cc: Debbie Tarshis
Subject: RE: Bill 160 - Confirmation of Appearance

Hello Tanzima

Thank you for the confirmation of CMRTO's appearance at the Standing Committee on General Government on Monday, November 20, 2017 at 4:45pm. I confirm all the information set out below is correct.

Sincerely,
Linda

Linda Gough, MRT(R) Registrar & CEO

College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
fax 416.975.4355
email lgough@cmrto.org
www.cmrto.org

From: Standing Committee on General Government [mailto:comm-generalgov@ola.org]
Sent: November 17, 2017 11:25 AM
To: Linda Gough <LGough@CMRTO.org>
Subject: Bill 160 - Confirmation of Appearance
Importance: High

Good morning Linda,

Re: Strengthening Quality and Accountability for Patients Act, 2017

This is to confirm your attendance before the Standing Committee on General Government regarding Bill 160, An Act to amend, repeal and enact various Acts in the interest of strengthening quality and accountability for patients.

You are scheduled as follows:

Date: Monday, November 20, 2017
Time: 4:45 pm
Length of time for presentation: 15 minutes (includes questions from the Members of the Committee)
Location: Committee Room 2, Main Legislative Building, Queen's Park, Toronto
Presenters: Linda Gough, Registrar and CEO, Debbie Tarshis, Counsel

Tel: 416-975-4353
Fax: 416-579-4355
Linda Gough

College of Medical Radiation Technologists of Ontario
375 University Avenue Suite 300
Toronto, ON, M5G 2J5

Please confirm that the above information is correct.

Legislative Security requires all visitors to the Legislative Precinct to produce official government issued photographic identification as a condition of entry.

Please arrive at least 20 minutes in advance of your scheduled presentation time. If you choose to distribute materials during your presentation to the Committee, please bring at least 25 copies.

Please be aware that your submission will form part of the official public record of the committee. Your name and testimony will be published in the committee's Hansard transcripts, the electronic version of which will be posted on the Internet. Your presentation may be recorded on video for broadcast on the Legislative Assembly's television service, which will also be made available on the Internet.

For further information on the Committee, please go to www.ontla.on.ca and click on "Committees", then "Current Committees", and "Standing Committee on General Government".

If, for any reason, you find it necessary to cancel your appointment, please let us know as soon as possible. Collect calls are accepted. Should there be any changes to the Committee's schedule, we will contact you as soon as possible.

Kindly acknowledge receipt of this e-mail.

Sincerely,

Tanzima Khan | Procedural Services Assistant

Standing Committee on General Government |
Comité permanent des affaires gouvernementales
Procedural Services Branch|
Direction des services de la procédure
Legislative Assembly of Ontario |
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College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

SUBMISSION TO THE STANDING COMMITTEE ON GENERAL GOVERNMENT

Re: BILL 160, *Strengthening Quality And Accountability For Patients Act, 2017*

Schedule 6, *Medical Radiation And Imaging Technology Act, 2017*

Made by: College of Medical Radiation Technologists of Ontario (CMRTO)

Date: November 20, 2017

Presenters:

Ms. Linda Gough, Registrar & CEO
College of Medical Radiation Technologists of Ontario
375 University Avenue
Suite 300
Toronto, ON M5G 2J5

Ms. Debbie Tarshis, LLB, Counsel
WeirFoulds LLP
66 Wellington Street West
Suite 4100
Toronto, ON M5K 1B7

BILL 160, *STRENGTHENING QUALITY AND ACCOUNTABILITY FOR PATIENTS ACT, 2017*

SCHEDULE 6, *MEDICAL RADIATION AND IMAGING TECHNOLOGY ACT, 2017*

Thank you for the opportunity today to make a submission to the Standing Committee on General Government with respect to Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*. This submission is made by the College of Medical Radiation Technologists of Ontario (CMRTO) and comments on Schedule 6, *Medical Radiation and Imaging Technology Act, 2017* (Schedule 6).

A. Introduction

The CMRTO is the regulatory body for medical radiation technologists in Ontario, and our mandate is to serve and protect the public interest. The CMRTO is one of 26 health profession regulatory colleges governed by the *Regulated Health Professions Act, 1991* (RHPA). The CMRTO regulates over 7,000 registered medical radiation technologists in four specialties: radiography, nuclear medicine, magnetic resonance and radiation therapy.

Regulation of a health profession under the RHPA means that members of the profession are accountable to the public through a regulatory college. The CMRTO's primary duty, in carrying out its objects as set out under the RHPA, is to serve and protect the public interest. The legislative framework proposed by Schedule 6 expands the regulated health professionals currently governed by the CMRTO (being the specialties of radiation therapy, radiography, nuclear medicine and magnetic resonance) to include diagnostic medical sonographers. This will provide a single, integrated legislative framework for all medical radiation and imaging technologists under one regulatory college.

Diagnostic medical sonographers are those health care practitioners who use high-frequency soundwaves to produce images of the body to assist in the diagnosis of disease, disorders or dysfunctions. For example, they perform ultrasounds on pregnant women to assist in the monitoring of fetal development and to screen out problems. They also do cardiac ultrasound to assist in the evaluation of heart conditions or suspected heart problems. Diagnostic ultrasound has become an essential tool in the medical imaging and diagnostic techniques used in health care today.

The regulation of diagnostic medical sonographers with the CMRTO means that the CMRTO will:

- Develop, establish and maintain qualifications for diagnostic medical sonographers to become members of the College;
- Require applicants to meet qualifications for entry to practice;
- Have standards of practice applicable to diagnostic medical sonographers; and
- Require diagnostic medical sonographers to be accountable for their practice through the CMRTO's complaints, discipline and fitness to practise procedures.

The public interest will be protected, as a result of the proposed legislative framework, because it establishes standards of qualification for entry to practice the specialty of diagnostic medical sonography and will require diagnostic medical sonographers to practice in accordance with the standards of practice. In addition, as a result of the proposed legislative framework, members of the public will be able to identify those persons who are qualified to practise the specialty of diagnostic medical sonography and those who are not.

B. Importance of Schedule 6: The *Medical Radiation and Imaging Technology Act, 2017*

Bill 160, the *Strengthening Quality and Accountability for Patients Act, 2017*, and specifically Schedule 6, proposes to repeal the *Medical Radiation Technology Act, 1991* (MRT Act) and replace it with the *Medical Radiation and Imaging Technology Act, 2017* (new Act). The new Act will govern the practice of medical radiation and imaging technology under one regulatory college. The CMRTO will become the College of Medical Radiation and Imaging Technologists of Ontario, and will govern the profession.

We are very pleased that the proposed new Act introduces a new name for the College: The College of Medical Radiation and Imaging Technologists. Most members of the public, and diagnostic medical sonographers themselves, do not identify sonographers as medical radiation technologists because sonographers apply high-frequency soundwaves, not radiation. This name change improves transparency and understanding for the public as it reflects the common terminology used in the clinical setting, as 'medical imaging' departments include the medical radiation and imaging specialty areas of radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography.

We commend the Government's proposal to express the scope of practice for the practice of medical radiation and imaging technology in a transparent manner. In section 3 of the proposed new Act, the scope of practice is updated by adding soundwaves as a form of energy so that it states the practice of the profession is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of

energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

We support the provisions set out in subsection 9(1) of the new Act which restricts the title "diagnostic medical sonographer" and a variation or abbreviation or an equivalent in another language, to members of the College. Each health profession governed by the RHPA has a specific title or titles restricted to its members. The purpose of title protection is to ensure that no person in Ontario can use a title without being registered with the appropriate College. Especially in the context of regulating a new specialty, we are very pleased that "diagnostic medical sonographer" is a protected title. This means that only those persons who are qualified and accountable to the College can use the title. Therefore, it serves to protect the public and promotes transparency for members of the public to be able to identify clearly the regulated health professional who is providing them with services and to prohibit untrained and unregulated practitioners from calling themselves "diagnostic medical sonographers" or a variation or abbreviation of that title.

We are very pleased that subsection 9(2) of the proposed new Act contains a holding out provision. Each health profession governed by the RHPA has a holding out provision which prohibits any person from holding themselves out as a person who is qualified to practise that profession or in a specialty of that profession in Ontario. The purpose of a holding out provision is to prevent persons who are not qualified and regulated from passing themselves off as such. With respect to the new Act, this means that no persons, other than members of the College, can hold themselves out as being qualified to practise in Ontario as a medical radiation and imaging technologist or in a specialty of the profession.

We commend the Government for providing an updated legislative framework for the regulation of diagnostic medical sonographers in Ontario and are pleased to support and implement a comprehensive and integrated framework to ensure the protection of the public of Ontario.

C. Technical Amendments

We have some technical amendments to propose for the purpose of ensuring that Schedule 6 of Bill 160 accomplishes its legislative intent. Set out below are four proposed technical amendments and the purpose of each.

1. **Addition of a definition of "specialty":** We are proposing that a new definition be added to section 1 as follows:

" "specialty" includes, without limitation, radiography, radiation therapy, nuclear medicine, magnetic resonance, diagnostic medical sonography and any other specialty described in a regulation."

Purpose: The holding out provision [section 9(2)] prohibits a person who is not a member of the College from representing that they are qualified to practise in a specialty of medical radiation and imaging technology. Members of the public will not necessarily understand, especially in connection with the regulation of diagnostic medical sonography as a new specialty, that "specialty of the profession" includes a reference to diagnostic medical sonography as one of the specialties of the profession.

A member of the public could be easily mislead, for example, by a practitioner who is not a member of the College simply advertising themselves as "ARDMS certified". Certification by the American Registry for Diagnostic Medical Sonography (ARDMS) has historically been one of the credentials recognized by employers. Therefore, it would be reasonable for a member of the public to conclude that a person who advertises themselves as "ARDMS certified" is qualified to practise diagnostic medical sonography. Such member of the public will be very surprised to find out that, if they file a complaint, the College only has jurisdiction to consider a complaint against a member of the College.

Especially where there is a new specialty being regulated, it is particularly important to spell out the specialties in the new Act so that it is crystal clear that "specialty of the profession" means the specialty of diagnostic medical sonography, the other existing four specialties and specialties that may be regulated in the future.

2. **Additional Titles and Correction:** We are proposing that subsection 9(1) be revised to read as follows:

"9(1) No person other than a member shall use the title "medical radiation and imaging technologist", "medical radiation technologist", "medical imaging technologist", "diagnostic medical sonographer", "radiological technologist", "radiation therapist", "nuclear medicine ~~therapist~~ technologist", "magnetic resonance technologist", a variation or abbreviation or an equivalent in another language." (New text is underlined, and deleted text is struck out.)

Purpose: The CMRTO wishes to continue to use the title "medical radiation technologist" in connection with the specialties of radiography, nuclear medicine and radiation therapy. This title has been used by members of the CMRTO since 1993 and is now recognized by members of the public. The CMRTO believes that it

would be helpful to clarify that the title "medical radiation technologist" continues to be a protected title. As magnetic resonance imaging does not use radiation, it makes sense to use the title "medical imaging technologist" in relation to magnetic resonance imaging. Again, the CMRTO believes that it would be helpful to clarify that the title "medical imaging technologist" is a protected title.

"Nuclear medicine therapist" is an unintended error and **must** be corrected.

3. **Transition of Regulations and By-laws made under the MRT Act:** We are proposing that subsection 14(3) be revised so that it reads as follows:

   "14(3) ~~By-laws and~~ Regulations made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force remain in force until they are revoked or replaced under this Act." (Deleted text is struck out.)

   Purpose: We believe that, in a transition provision, regulations and by-laws should be handled distinctly so that the existing by-laws of the CMRTO simply become the by-laws of the College under the new Act. This would permit the by-laws made under the MRT Act to be amended by the Council under the new Act.

4. **Addition of New Transition Provision for By-Laws:** We are proposing that a new subsection 14 (3.1) be added as follows:

   "14(3.1) The by-laws made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force become the by-laws made under this Act."

   Purpose: Refer to Item No. 3 above.

Attached as Schedule "A" to our written submission is a copy of these amendments. Thank you very much for the opportunity to make a submission to the Standing Committee on General Government with respect to Bill 160.

Schedule "A" to CMRTO Submission to Standing Committee on General Government

Schedule 6 of Bill 160

Proposed Amendments by CMRTO

1. To add to a new definition to section 1 as follows:

" "specialty" includes, without limitation, radiography, radiation therapy, nuclear medicine, magnetic resonance, diagnostic medical sonography and any other specialty described in a regulation."

2. To revise subsection 9 (1) to read as follows:

"9(1) No person other than a member shall use the title "medical radiation and imaging technologist", "medical radiation technologist", "medical imaging technologist", "diagnostic medical sonographer", "radiological technologist", "radiation therapist", "nuclear medicine ~~therapist~~ technologist", "magnetic resonance technologist", a variation or abbreviation or an equivalent in another language." (New text is underlined, and deleted text is struck out.)

3. To revise subsection 14(3) so that it reads as follows:

"14(3) ~~By-laws and~~ Regulations made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force remain in force until they are revoked or replaced under this Act." (Deleted text is struck out.)

4. To add a new subsection 14 (3.1) as follows:

"14(3.1) The by-laws made under the *Medical Radiation Technology Act, 1991* that were in force on the day before section 15 of this Act came into force become the by-laws made under this Act."

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Report

To:	Council	**Meeting Date:**	December 8, 2017
From:	Linda Gough, Registrar & CEO	**Date:**	November 20, 2017
Subject:	Oral submission to the Standing Committee on General Government: Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*; Schedule 6, *Medical Radiation and Imaging Technology Act, 2017*		

Below is the script for the CMRTO oral submission to the Standing Committee on General Government Bill 160, *Strengthening Quality and Accountability for Patients Act, 2017*; Schedule 6, *Medical Radiation and Imaging Technology Act, 2017* made to the Standing Committee on November 20, 2017

Oral submission

Good afternoon. My name is Linda Gough and I am the Registrar & CEO of the College of Medical Radiation Technologists of Ontario or CMRTO. With me today, is the CMRTO's Legal Counsel, Debbie Tarshis, from WeirFoulds.

We are pleased to be here today and thank you for the opportunity to make a submission to the Standing Committee on General Government with respect to Bill 160 and specifically, Schedule 6, the *Medical Radiation and Imaging Technology Act.* We believe that this is an important piece of legislation to ensure the protection of the Ontario public.

CMRTO is the regulatory body for medical radiation technologists in Ontario, and our mandate is to regulate the profession of medical radiation technology to serve and protect the public interest. The CMRTO is one of 26 health profession regulatory colleges governed by the *Regulated Health Professions Act* (RHPA). We regulate over 7,000 registered medical radiation technologists in four specialties: radiography, nuclear medicine, magnetic resonance and radiation therapy.

The legislative framework proposed by Schedule 6 expands the specialties of medical radiation technology governed by the CMRTO to include diagnostic medical sonographers. This will provide a single, integrated legislative framework for all medical radiation and imaging technologists under one regulatory college.

Diagnostic medical sonographers are those health care practitioners who use high-frequency soundwaves to produce images of the body to assist in the diagnosis of disease, disorders or dysfunctions. For example, they perform ultrasounds on pregnant women to assist in the monitoring

of fetal development and to screen out problems. They also do cardiac ultrasound to assist in the evaluation of heart conditions or suspected heart problems. Diagnostic ultrasound has become an essential tool in the medical imaging and diagnostic techniques used in health care today.

The regulation of diagnostic medical sonographers with the CMRTO means that the CMRTO will:

- develop, establish and maintain qualifications for sonographers to become members of the College;
- require applicants to meet qualifications for entry to practice;
- have standards of practice applicable to all five specialties including diagnostic medical sonographers; and
- require sonographers to be accountable for their practice through the CMRTO's complaints, discipline and fitness to practise procedures.

The public interest will be protected diagnostic medical sonographers will be required to be registered with the College in order to practice and will be required to practice in accordance with the standards of practice. The public will also have access to the CMRTO's complaints and discipline processes. In addition, transparency will be improved as members of the public will be able to identify those persons who are qualified to practise the specialty of diagnostic medical sonography and those who are not, under the CMRTO's public register which is available on our website.

Schedule 6, proposes to repeal the *Medical Radiation Technology Act* and replace it with the *Medical Radiation and Imaging Technology Act.* The new Act will govern the practice of medical radiation and imaging technology under one regulatory college, the CMRTO, and the CMRTO will become the College of Medical Radiation and Imaging Technologists of Ontario, and will govern the profession in accordance with the RHPA and the new Act.

We are very pleased that the proposed new Act introduces a new name for the CMRTO: the College of Medical Radiation and Imaging Technologists. Most members of the public, and diagnostic medical sonographers themselves, do not identify sonographers as medical radiation technologists because sonographers apply soundwaves to create diagnostic images, not radiation. This name change improves transparency and understanding for the public as it reflects the common terminology used in the clinical setting, as 'medical imaging' departments include the medical radiation and imaging specialty areas of radiography, nuclear medicine, magnetic resonance and diagnostic medical sonography.

We commend the Government's proposal to express the scope of practice for the practice of medical radiation and imaging technology in a transparent manner under the new Act. The scope of practice is updated by adding soundwaves as a form of energy to the current energies of ionizing radiation and electromagnetism. The updated scope of practice for the profession will be 'the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures', which is a complete and integrated statement which describes the practice of the profession.

We support the provisions set out in the new Act regarding title protection, which restricts the title "diagnostic medical sonographer" and a variation or abbreviation or an equivalent in another language, to members of the College. Each health profession governed by the RHPA has a specific title or titles restricted to its members. The purpose of title protection is to ensure that no person in Ontario can use a title without being registered with the appropriate College. Especially in the context of regulating a new specialty, we are very pleased that "diagnostic medical sonographer" is a protected title. This serves to protect the public as it will prohibit untrained and unregulated persons from calling themselves "diagnostic medical sonographers" or a variation or abbreviation of that title. It will also promote transparency as patients will be able to clearly identify that the person who is performing their ultrasound examination is a regulated health professional.

We are very pleased that the proposed new Act contains a holding out provision. Each health profession governed by the RHPA has a holding out provision which prohibits any person from holding themselves out as a person who is qualified to practise that profession or in a specialty of that profession in Ontario. With respect to the new Act, this means that no persons, other than members of the College, can hold themselves out as being qualified to practise in Ontario as a medical radiation and imaging technologist or in a specialty of the profession. This will ensure that the public is protected from unqualified practitioners.

We commend the Government for providing an updated legislative framework for the regulation of diagnostic medical sonographers in Ontario and are pleased to support and implement a comprehensive and integrated framework to ensure the protection of the public of Ontario. We have some technical amendments to propose to ensure that Schedule 6 accomplishes its legislative intent, which are set out in the written submission which we will leave with the Clerk of the Standing Committee.

Thank you for the opportunity to present today.

Appearance before Standing Committee

There were a number of questions from both the government and the opposition, which Ms. Tarshis and I answered. These included: why has it taken so long for sonographers to become regulated, clarification on the technical amendments, and the application of soundwaves for diagnostic ultrasound.

News *from* the Office of the Fairness Commissioner

September **2017**

Fall forward

On September 1, 2017, amendments to the *Fair Access to Regulated Professions and Compulsory Trades Act* (FARPACTA) contained within Bill 27, the *Burden Reduction Act, 2016* were proclaimed and are now in effect.

These amendments result in the Office of the Fairness Commissioner (OFC) being staffed by the Ontario Public Service and the OFC now being better aligned with the government of Ontario's accountability framework.

While the organizational structure and accountability of the OFC is now different, the mandate of the Fairness Commissioner remains unchanged as does his independence in assessing and advising on registration practices.

As of this date, the new Director of the OFC is Doris Dumais. Doris has extensive experience in leading transformation initiatives, which most recently have been focused on the introduction of risk based approaches to compliance.

A full list of the staff is available on the OFC website.

A Milestone Annual Report

The OFC's released its 10th Annual Report: *A Ten Year Journey to Fair Access*, an account of the Office's work during the year 2016-2017. This past year, the OFC worked diligently, through its assessment process, with the regulators to make recommendations on registration practices, monitor their implementation and identifying commendable practices to compliance.

In the past decade, since the enactment of FARPACTA and the OFC, Ontario has undergone significant changes in the way regulated professions and trades are licensed. The report highlights the improvements made over the past 10 years to enable more qualified people to practice their profession or trade and contribute to Ontario's growth and prosperity.

Read the full report.

Let's meet this fall!

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Des rencontres à l'automne!

Notre personnel se verra proposer de nombreuses activités de sensibilisation cet automne, qui constitueront des possibilités de communiquer avec les intervenants, de consolider les rapports existants et de répondre à leurs questions. Le personnel du BCE participera à la journée des employés du ministère des Affaires civiques et de l'Immigration. Plus tard cet automne, soit le 4 octobre, le commissaire dirigera un groupe d'experts au Réseau canadien des organismes de réglementation. Nous continuerons de solliciter des conseils de la part des intervenants et de discuter de notre vision du BCE. Le personnel invitera également des intervenants à collaborer avec le BCE grâce à la mise en place d'un nouveau Comité consultatif des intervenants.

Ontario

595 Bay Street, Suite 1201, Toronto ON M7A 2B4
· Phone: 416-325-9380 · Fax: 416-326-6081

Contact Us

Email: ofc@ontario.ca
Phone: 416-325-9380
Toll-free: 1-877-727-5365
Fax: 416-326-6081
TTY: 416-326-6080

Office of the Fairness Commissioner
595 Bay Street, Suite 1201
Toronto, ON M7A 2B4
Canada

Hours of operation: Monday to Friday 9:00 a.m. to 5:00 p.m.

Note: The office does not assess individuals' credentials or contact regulators on their behalf. Links to regulatory bodies' websites appear on the professions pages, and useful information is included in Frequently Asked Questions

Kim Bergeron	Stakeholder Engagement & Communications Advisor	416-325-0389	kim.bergeron@ontario.ca
Allison Brownlee	Senior Program Advisor(A)	416-314-2977	allison.brownlee@ontario.ca
Doris Dumais	Director	416-325-9380	doris.dumais@ontario.ca
Ricardo Fisher	Compliance Analyst	416-325-6298	ricardo.fisher@ontario.ca
Patricia Houghton	Compliance Analyst	416-212-5660	patricia.houghton@ontario.ca
Grant A. Jameson	Fairness Commissioner	416-325-9380	ofc@ontario.ca
Justin Lam	Administrative Assistant	416-325-9371	justin.lam2@ontario.ca
James Mendel	Compliance Analyst	416-212-5661	james.mendel@ontario.ca
Angelika Neuenhofen	Senior Program Advisor(A)	416-325-9484	angelika.neuenhofen@ontario.ca
Mabel Opoku	Busines Operations Advisor	416-314-7300	mabel.opoku@ontario.ca

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante

Ontario

OCT 17 2017

HLTC2968MC-2017-205

Mr. Thomas Corcoran
Chair
Health Professions Regulatory Advisory Council
56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3

Dear Mr. Corcoran:

In June 2017, Ontario announced a sweeping transformation to how this province provides services and supports for children and youth with Autism Spectrum Disorder through the new Ontario Autism Program (OAP). Delivering the best services for children and youth with autism requires ensuring the appropriate quality and accountability of those services.

The Ministry of Children and Youth Services (MCYS) has previously contracted a study to assess the viability of creating an Ontario-based certification process for Applied Behaviour Analysis (ABA) practitioners working with those with Autism Spectrum Disorder. MCYS's study concluded that there was a risk of harm associated with the delivery of ABA therapy, and that there was a case to be made for increasing the oversight of ABA practitioners.

While ABA practitioners predominantly provide services to Ontarians with an Autism Spectrum Disorder, they also provide services to other client populations. With this in mind, I am asking HPRAC to provide me with advice on:

- What activities or aspects associated with ABA therapy pose a significant and inherent risk of harm (if any), and whether the risk of harm of this therapy varies by client population (e.g. children and adult); and
- If there is a risk of harm, what is the range of options for an approach to oversight that could be considered.

I would like HPRAC to provide me with its advice no later than January 31, 2018.

...2

Finally, I would like to express my appreciation to you and members of the Council for supporting this important initiative. If you have any questions, please contact Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division (HWPRAD) at denise.cole@ontario.ca or 416-212-7688.

Yours sincerely,

Dr. Eric Hoskins
Minister

c: The Honourable Michael Coteau, Minister of Children and Youth Services
Drew Davidson, Chief of Staff, Minister's Office, MCYS
Nancy Matthews, Deputy Minister, MCYS
Dr. Bob Bell, Deputy Minister, MOHLTC
Denise Cole, Assistant Deputy Minister, MOHLTC
Presidents and Registrars of the Regulated Health Professional Colleges

Kirusha Kobindarajah

From: Linda Gough
Sent: October-16-17 2:16 PM
To: Janu.Sritharan@ontario.ca
Cc: Annette Hornby; Caroline Morris; Tina Langlois; Kirusha Kobindarajah
Subject: FW: Opportunity for participation - Infection Prevention and Control Working Group

Importance: High

Hello Janu

Thank you for the opportunity to participate in the MOHLTC Infection Prevention and Control Knowledge Translation and Exchange Working Group. The CMRTO is very interested in participating, especially as we will soon be regulating diagnostic medical sonographers.

Ms. Annette Hornby, Director of Quality Assurance, will be the CMRTO participant in your important group, and is able to attend the meeting on October 18, 2017.

Thank you again for the opportunity for participation. We look forward to working with your group to support the MOHLTC's initiatives to ensure the provision of health services in a safe, professional and ethical mannners.

Sincerely,
Linda

Linda Gough, MRT(R) Registrar & CEO

College of Medical Radiation Technologists of Ontario
375 University Avenue, Suite 300
Toronto, Ontario, M5G 2J5
tel 416.975.4353 1.800.563.5847
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email lgough@cmrto.org
www.cmrto.org

From: Sritharan, Janu (MOHLTC) [mailto:Janu.Sritharan@ontario.ca]
Sent: October-03-17 4:20 PM
To: Annette Hornby <ahornby@CMRTO.org>; Tina Langlois <TLanglois@CMRTO.org>
Cc: Caroline Morris <CMorris@CMRTO.org>
Subject: Opportunity for participation - Infection Prevention and Control Working Group
Importance: High

Dear colleagues,

The Ministry of Health and Long-Term Care(MOHLTC) appreciates the valuable contribution of each health regulatory college to Ontario's initiatives to provide health services in a safe, professional and ethical matter. We are very pleased with the decision to regulate diagnostic medical sonographers under the *Regulated Health Professions Act* and within the CMRTO. To this end, I am writing to invite you to participate in the *Infection Prevention and Control (IPAC) Knowledge Translation and Exchange (KTE) Working Group.* Your experience and point of view would be of great value to the Working Group.

The Population and Public Health Division (PPHD), with support from the Health Workforce Planning and Regulatory Affairs Division, established this Working Group to share ideas on the prevention of, and response to, infection and control lapses in facilities where regulated health professionals provide health services. The Working Group is a collaborative initiative by PPHD, alongside IPAC stakeholders from regulated health professions and related facility oversight bodies, to support Ontario's IPAC knowledge and practice. The purpose of the working group is to provide a regular forum for discussing IPAC issues amongst relevant provincial bodies and health regulatory colleges.

The objectives of the Working Group are to:

1. Promote sharing of information between participants such as IPAC resources and case scenarios
2. Identify IPAC issues/ practices that require a provincial attention/coordinated response
3. Improve consistency for local-level IPAC lapse investigations and program delivery
4. Provide needs-based IPAC training and education for participants
5. Share IPAC provincial communications/updates with participants

If you are interested in participating in this Working Group, please let me know. Our third meeting is scheduled to take place on **October 18th from 10 am – 12 pm** at 393 University Avenue, 21st Floor, Toronto and/or via teleconference. If you would like to recommend a colleague for participation, please pass the individual's information on to me, Janu Sritharan, at janu.sritharan@ontario.ca so that I may follow up with them.

The Working Group operates on a voluntary basis, and members are encouraged to report back to their organizations and share information with others. The current participants of the Working Group are as follows:

Public Health Ontario
MOHLTC, Independent Health Facilities Program
MOHLTC, PPHD
College of Chiropodists of Ontario
College of Dental Hygienists of Ontario
College of Dental Technologists of Ontario
College of Midwives of Ontario
College of Nurses of Ontario
College of Nurses of Ontario
College of Opticians of Ontario
College of Opticians of Ontario
College of Optometrists of Ontario
College of Physiotherapists of Ontario
College of Physiotherapists of Ontario
College of Physicians and Surgeons of Ontario
College of Physicians and Surgeons of Ontario
College of Physicians and Surgeons of Ontario
College of Respiratory Therapists of Ontario
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Royal College of Dental Surgeons of Ontario
Ontario College of Pharmacists

If you have any questions about this group, or would like to discuss further, please contact me.

Thank you for your consideration of this initiative.

Regards,

Janu Sritharan
Senior Policy & Program Advisor
Infectious Disease Policy & Programs Unit
Disease Prevention Policy & Programs Branch
Population and Public Health Division | Ministry of Health and Long-Term Care
393 University Ave., 21st Floor, Toronto, ON M7A 2S1
Tel: 416-325-8923 | Fax: 416-327-7439
Email: janu.sritharan@ontario.ca

Kirusha Kobindarajah

From: Pakyam, Joshua (MOHLTC) <Joshua.Pakyam@ontario.ca> on behalf of Court, Sean (MOHLTC) <Sean.Court@ontario.ca>
Sent: October-18-17 1:55 PM
Subject: MOHLTC Task Force for the Development of Standards for X-rays – Call for applications
Attachments: Task Force Information v3 FINAL.PDF; Application Instructions.docx

Hello,

I am writing to inform you that the Minister of Health and Long-Term Care is now accepting applications from individuals interested in participating on the Task Force for the Development of Standards for X-rays.

As you may be aware, the *Oversight of Health Facilities and Devices Act, 2017* (OHFDA) was introduced to the legislature on September 27th as Schedule 9 of *Bill 160, Strengthening Quality and Accountability for Patients Act, 2017*. If passed, the OHFDA will repeal and replace the *Healing Arts Radiation Protection Act* (HARP Act).

The Minister of Health and Long-Term Care intends to establish this Task Force to provide advice on new and enhanced safety and quality standards for X-ray devices that are currently regulated under the HARP Act (i.e., conventional X-ray machines, CT scanners, and fluoroscopy). The work of the Task Force will support the transition to OHFDA, if this legislation is passed.

Please find attached further information on the Task Force as well as instructions for applying, should you be interested.

Please submit your application no later than **Friday, November 3, 2017**. If you have any questions, please contact megan.charlish@ontario.ca.

Regards,
Sean Court
Director, Strategic Policy Branch

CIRCULATED AT MEETING
OF OCT 20 2017
COUNCIL ITEM# 4b

CIRCULATED WITH AGENDA
OF NOV 09 2017
EXECUTIVE ITEM# 6d

CIRCULATED WITH AGENDA
OF DEC - 8 2017
COUNCIL ITEM# 7d

Task Force for the Development of Standards for X-rays

Ministry of Health and Long-Term Care

CONTEXT

In September 2017, the Minister of Health and Long-Term Care (the Minister) introduced the *Oversight of Health Facilities and Devices Act , 2017* (OHFDA) into the legislature as Schedule 9 of *Bill 160, Strengthening Quality and Accountability for Patients Act, 2017.*

If passed, the OHFDA will:

- Expand the scope of regulations beyond X-ray machines to include all energy applying and detecting medical devices (EADMDs)* in all facilities;
- Establish a licensing regime for EADMDs;
- Allow for new and enhanced safety and quality standards for EADMDs; and
- Repeal and replace the *Healing Arts Radiation Protection Act* (HARP Act).

*EADMDs apply or detect acoustic, electromagnetic or particle radiation in relation to human beings. Examples include X-ray machines, magnetic resonance imaging (MRI), ultrasounds, lasers and positron emission tomography (PET).

In order to avoid regulatory gaps in the transition from the HARP Act to the OHFDA, if passed, the Ministry of Health and Long-Term Care (the ministry) will propose safety and quality standards in regulations for devices that are currently captured under the HARP Act (i.e., conventional X-ray machines, CT scanners and fluoroscopy).

To support this work, the Minister is establishing a Task Force for the Development of Standards for X-rays (Task Force).

MANDATE

The Task Force will provide the Minister with evidence-based recommendations on safety and quality standards for conventional X-ray machines, CT scanners and fluoroscopy.

STANDARDS

The Task Force will recommend device-specific standards related, but not limited, to the following:

Facilities
(e.g., configuration of space, signage, EADMD Safety Officer, etc.)

Equipment
(e.g., installation, calibration, monitoring and maintenance, image quality metrics, etc.)

Use of EADMDs
(e.g., operating, interpreting, technical oversight and servicing)

Licensing and Inspections
(e.g., eligibility criteria, inspection processes, compliance monitoring, enforcement guidelines, etc.)

System Learning
(e.g., collecting and using data to improve EADMD procedures)

Quality management
(e.g., peer review, dose estimate reviews, process monitoring, incident reporting, etc.)

GUIDELINES

In preparing their advice and recommendations, the Task Force will:

1. Be flexible and responsive to foreseeable changes and unforeseeable possibilities in technology;
2. Be reflective of accepted standards developed and used by other jurisdictions, wherever possible, where these are nimble and responsive to rapid changes in technology;
3. Consider the range of needs and resources of facilities that operate EADMDs (e.g., facilities that are small and/or in remote areas may not have the same infrastructure to meet compliance requirements as facilities that are larger and/or in urban areas);
4. Consider the risk and benefit profile of each type of EADMD and the cohorts in which they are applied (i.e., the general population, patients in the diagnostic phase of care, individuals receiving treatment and biologically vulnerable populations);
5. Enable research and innovation capacity in the province's healthcare system;
6. Align with other quality initiatives currently underway at the national and provincial levels; and
7. Be comprehensive without creating duplication or overlap with other applicable standards in radiation technology (e.g., standards required by regulated health professional statutes).

TIMELINES (TENTATIVE)

Fall 2017 – The Task Force will be established for a period of one year.

Winter 2017 to Summer 2018 – Approximately 10 meetings will be held.

Summer 2018 – The Task Force's final report, with recommended standards, will be submitted to the Minister.

Fall 2018 – The ministry may seek advice from the Task Force on an *ad hoc* basis on the development of regulations and implementation of a business model for the EADMD regime.

Meeting schedules will be established based on the availability of appointed members. Members will be encouraged to attend meetings in person as much as possible to facilitate deliberation.

MEMBERSHIP

The ministry is seeking a maximum of 12 members for appointment to the Task Force, including a Chair.

The Task Force will be comprised of technical experts (e.g., medical physicists, X-ray technicians, device experts, etc.) and medical experts (e.g., physicians, dentists, chiropractors, etc.) with significant expertise in, and understanding of, X-rays with regards to facilities, equipment (installation, calibration, monitoring and maintenance), use of X-rays (operating, interpreting, technical oversight and servicing), quality management processes, system learning and enforcement.

REIMBURSEMENT AND REMUNERATION

Task Force members will be reimbursed for travel, meal and accommodation expenses in accordance with the Management Board of Cabinet *Travel, Meal and Hospitality Expenses Directive.*

Task Force members who are not employed within the Broader Public Sector will be compensated on a per diem basis for participation on the Task Force, at a rate of $398 per day, up to a maximum of 30 days including for attendance at meetings, for preparation for each meeting and deliberation on final report/recommendations.

The Task Force's budget will be managed by the Task Force Secretariat. Only those expenditures approved by the Task Force Secretariat in advance and made in accordance with all applicable government directives, guidelines and policies will be eligible for reimbursement.

SECRETARIAT

The Secretariat will be comprised of dedicated ministry staff who will support the Task Force by providing logistical, coordination, communication, research and policy support.

BACKGROUND

The HARP Act regulates X-ray machines in Ontario. X-ray machines are electrically powered devices that emit artificially produced ionizing radiation that are used for therapeutic or diagnostic purposes in health care, including dentistry, chiropractic and podiatry.

Since the introduction of the HARP Act in 1980, changes in technology and related increases in usage have significantly altered Ontario's medical radiation environment. Due to the rapidly changing landscape, the HARP Act has not been able to meet the needs of this modern and evolving sector. This lack of flexibility has not only made it difficult to ensure quality control for energy applying and detecting medical devices, it has permitted the potentially unsafe use of EADMDs which poses a risk of harm to the patients and their caregivers, providers and the general public.

In 2015, in keeping with the interest of the sector and the commitment of the government to modernize the HARP Act, Health Quality Ontario convened the Expert Panel to Enhance the Safety and Quality of Energy-Applying Medical Devices in Ontario (Expert Panel) to provide the government with recommendations about how to modernize the HARP Act in order to:

- Enhance patient, provider and public safety in energy-based imaging and therapeutic devices; and,
- Ensure quality in the application of these devices in all settings.

On July 13, 2016, the Expert Panel's final report was publicly released. The report identifies gaps in the current medical radiation system and recommends that the government repeal the HARP Act and replace it with a new legislative and governance framework that can regulate quality standards for a range of existing and emerging EADMDs.

To ensure access to safe and high-quality EADMD procedures, and in line with the spirit of the Expert Panel's recommendations, the ministry is developing a flexible, modern legislative regime that can respond to new and emerging technologies and provide the authority for a robust system of governance, oversight, accountability and enforcement.

Instructions for Applying to Participate as the Chair of the Task Force for the Development of Standards for X-rays

Ministry of Health and Long-Term Care

To apply to the Task Force for the Development of Standards for X-rays (Task Force), prospective candidates must submit an Application Form.

The Application Form may be submitted in one two ways:

i. Online via the Public Appointments Secretariat website at https://www.pas.gov.on.ca/scripts/en/appl_how.asp; or

ii. Mailed or faxed to:

Public Appointments Secretariat, Room 2440, Whitney Block
99 Wellesley St. West, Toronto, Ontario, M7A 1W4

Facsimile: 416-327-2633

If sending the Application Form by mail or fax, please use the attached PDF or download the PDF from https://www.pas.gov.on.ca/Docs/ApplicationForm.pdf.

Application Form.pdf

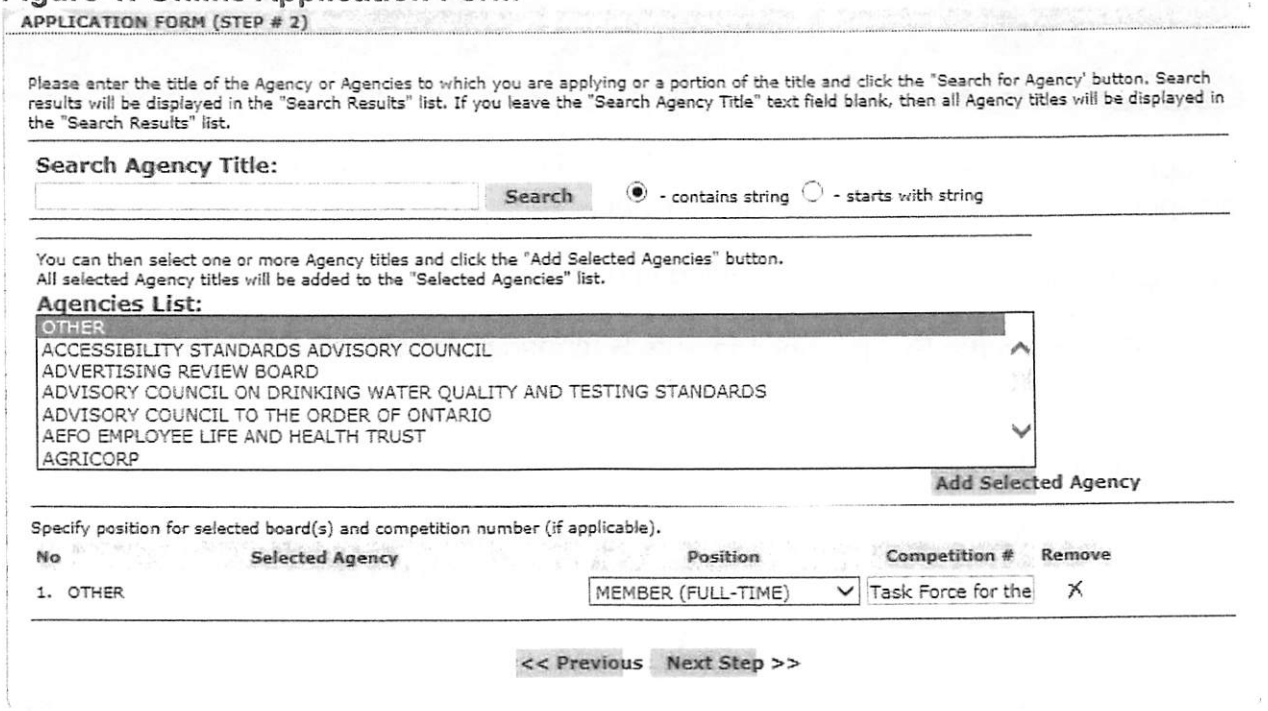
When completing the Application Form, please select 'OTHER' for the agency title. In the bottom of the section, please write "Task Force for the Development of Standards for X-rays - Ministry of Health and Long-Term Care." Please see Figures 1 and 2 below for examples.

CIRCULATED WITH AGENDA
NOV 09 2017
EXECUVE 6diii

CIRCULATED AT MEETING
OF OCT 20 2017
COUNCIL ITEM# 4biii

CIRCULATED WITH AGENDA
OF DEC - 8 2017
COUNCIL ITEM# 7diii

Figure 1: Online Application Form



APPLICATION FORM (STEP # 2)

Please enter the title of the Agency or Agencies to which you are applying or a portion of the title and click the "Search for Agency' button. Search results will be displayed in the "Search Results" list. If you leave the "Search Agency Title" text field blank, then all Agency titles will be displayed in the "Search Results" list.

Search Agency Title:

Search - contains string - starts with string

You can then select one or more Agency titles and click the "Add Selected Agencies" button.
All selected Agency titles will be added to the "Selected Agencies" list.

Agencies List:

OTHER
ACCESSIBILITY STANDARDS ADVISORY COUNCIL
ADVERTISING REVIEW BOARD
ADVISORY COUNCIL ON DRINKING WATER QUALITY AND TESTING STANDARDS
ADVISORY COUNCIL TO THE ORDER OF ONTARIO
AEFO EMPLOYEE LIFE AND HEALTH TRUST
AGRICORP

Add Selected Agency

Specify position for selected board(s) and competition number (if applicable).

No	Selected Agency	Position	Competition #	Remove
1.	OTHER	MEMBER (FULL-TIME)	Task Force for the	X

<< Previous Next Step >>

Figure 2: PDF of Application Form

3. Agency, board, commission to which you are applying

Your application will be assessed based on how closely your qualifications meet the requirements of each appointment. Only the most qualified applicants will be contacted to advance to the next step in the appointment process.

Agency	Position	Competition # (if applicable)
1. Other - Task Force for the Development of X-ray Standards, Ministry of Health and Long-		
2.		
3.		

Add item (+)

Next Steps

A short-list of candidates will be compiled based on the skill requirements for the position, the information provided by applicants and their references, and through consultation with the Chair of the Agency, Ministry Officials and/or sectoral stakeholders.

If you are short-listed, you will be contacted to confirm your interest. At that time, you will be asked to submit a Personal and Conflict of Interest and Disclosure Statement.

APPLICATION SUMMARY

Please review the following fields and click the Submit button at the bottom of the page to finalize your application.

After your application is processed, you will receive email confirmation (If you provided an email address). If you do not receive the confirmation email within three business days, please contact our office at 416-327-2640 or email us at **PASInfo.mgs@ontario.ca**.

Printed on: 11/3/2017 4:29:43 PM

Personal Information

Title: Ms
First Name: LINDA
Last Name: GOUGH

Personal Address:

Address(line 1): [redacted]
Address(line 2):
Address(line 3):
City: [redacted]
Province: ON
Postal Code: [redacted]
Phone (Day) #: [redacted]
Phone (Eve) #:
Fax #:
Email Address: [redacted]

Business Address: (Mailing Address)

Address(line 1): College of Medical Radiation Technologists of Ontario
Address(line 2): 300 - 375 University Avenue
Address(line 3):
City: Toronto
Province: ON
Postal Code: M5G 2J5
Phone (Day) #: 416-975-4353
Phone (Eve) #: 416-579-1673
Fax #: 416-975-4355
Email Address: lgough@cmrto.org

Professional Information:

Educational background: Master of Public Administration; Queen`s University of Kingston, Ontario; May 2001
Health Services Management Certificate; Canadian Hospital Association and Canadian College of Health Services Executives; May 1993
Bachelor of Science (General); University of Waterloo; May 1991
Advanced Certification in Diagnostic Radiography; Canadian Association of Medical Radiation Technologists; September 1988
Diploma in Diagnostic Radiography; Toronto Institute of Medical Technology (Michener Institute); May 1978

Professional and employment background: 1. Registrar & CEO, College of Medical Radiation Technologists of Ontario (CMRTO):
Dates: March 2007 to date:
Responsibilities: directs the affairs of the CMRTO in accordance with the Regulated Health Professions Act and the Medical Radiation Technology Act to regulate the profession of medical radiation technology in the public interest; issues licenses to over 7,000 medical radiation technologists (MRTs) in the specialties of radiography, radiation

therapy, nuclear medicine, and magnetic resonance;
responsible for all the CMRTO regulatory processes including quality assurance (continued competence), complaints, inquiries and reports, and discipline matters;
develops and prepares standards of practice, regulations, by-laws, policies and guidelines for CMRTO Council's review and approval; collaborates with Ministry of Health and Long-Term Care on issues related to the regulation of MRTs;
collaborates with the Director of X-Ray Safety and the X-Ray Inspection Branch on issues related to the enforcement of the Healing Arts Radiation Protection Branch;
collaborated with the Health Professions Regulatory Advisory Council, Ministry staff and the Ontario Association of Medical Radiation Sciences on the regulation of sonographers and currently leading the process to implement regulatory and legislative changes that will regulate diagnostic medical sonographers with the CMRTO as a fifth specialty;
collaborates with other agencies and regulators on issues relating to the ordering and applying of forms of energy including x-rays, radiopharmaceuticals, radiation therapy, magnetic resonance and soundwaves for diagnostic ultrasound (College of Physicians and Surgeons of Ontario for IHF Guidelines for diagnostic imaging, Royal College of Dental Surgeons of Ontario for dental CT, College of Nurses of Ontario for nurse practitioners ordering x-rays, Health Quality Ontario for peer review in diagnostic imaging, Cancer Care Ontario for advanced practice radiation therapist role, Ministry of Health and Long-Term Care for diagnostic imaging task force, Health Professions Regulatory Advisory Council for interprofessional collaboration and the development and implementation of a new scope of practice statement and new authorized acts under the MRT Act);
spokesperson for the CMRTO and liaison with stakeholders;
past-president of the Federation of Health Regulatory Colleges of Ontario;
current president and founding member of the Alliance of Medical Radiation Technologists Regulators of Canada;
presenter at the Radiological Society of North America (patient communication guidelines for MRTs), Canadian Association of Medical Radiation Technologists (regulation of diagnostic medical sonographers), Ontario Association of Radiology Managers (regulation of diagnostic medical sonographers), British Colombia Association of Medical Radiation Technologists (regulation of MRTs), Alberta College of Diagnostic and Therapeutic Technologists (continued competence program for MRTs), Manitoba Association of Medical Radiation Technologists (regulation of MRTs), Prince Edward Island Association of Medical Radiation Technologists (regulation of MRTs), Newfoundland Association of Medical Radiation Technologists (regulation of MRTs)
2. Deputy Registrar, College of Medical Radiation Technologists of Ontario
Dates: March 1996 to March 2007
Responsibilities: supported the Registrar in administering the affairs of the CMRTO in accordance with the provisions of the Regulated Health Professions Act and the Medical Radiation Technology Act;
responsible for the activities of the Registration, Patient Relations, Complaints and Fitness to Practise Committees;
developed policies and processes for evaluating internationally educated MRTs for assessment by the Registration Committee;
developed policies and guidelines for the operation of hybrid imaging equipment (PET/CT);
responsible for the development of policies and for the implementation of magnetic resonance imaging technologists into the CMRTO as a fourth specialty in 2003;
participated in the application to the Health Professions Regulatory Advisory Council for the regulation of magnetic resonance imaging technologists and diagnostic medical sonographers with the CMRTO in 1999.
3. Technical Director of the Diagnostic Imaging Department, Hospital for Sick Children, Toronto
Dates: February 1989 to January 1996
Responsibilities: managing approximately 100 MRTs, sonographers and support staff in the areas of radiology, nuclear medicine, ultrasound and magnetic resonance (including conventional X-ray, CT scanners and fluoroscopy machines);
ensuring and supporting the performance of over 100,000 diagnostic imaging examinations per year;
planning and managing the purchase and installation of all x-ray, nuclear medicine, magnetic resonance and ultrasound equipment, including Ministry approval processes;
led the planning and implementation of SickKids first on-site MRI centre including MOHLTC proposal and application, planning layout and equipment needs, MRI equipment selection and acquisition, staffing and supply requirements;
collaboration with other departments and areas to improve service delivery to patients;
establishment of a Quality Assurance program;
ensured compliance of all x-ray equipment, processes and personnel with requirements set out in the HARP Act.
4. Technical Supervisor of the Gastrointestinal/Genitourinary area, Diagnostic Imaging, Hospital for Sick Children
Dates: Jan 1986 - Feb 1989
Responsibilities:
supervised and delivered x-ray services to patients undergoing GI/GU procedures, in collaboration with radiologists;
safe and efficient operation of the GI/GU area, including fluoroscopy procedures, in compliance with HARP Act;
performed a number of reviews and implemented changes to ensure low-dose procedures for pediatric patients;
implemented and optimized the first digital fluoroscopy unit in paediatric hospital in Canada.
5. General duty radiological technologist, Diagnostic Imaging, Hospital for Sick Children
Dates: May 1978 - Jan 1986
Responsibilities:
performed radiography procedures on paediatric patients safely, effectively and ethically, in accordance with physician orders, legislative requirements, departmental policies and guidelines

Community involvement: n/a

Memberships in professional organizations:
College of Medical Radiation Technologists of Ontario
Federation of Health Regulatory Colleges of Ontario
Council for Licensure, Enforcement and Regulation
Alliance of Medical Radiation Technologists Regulators of Ontario
Ontario Association of Radiology Managers
Ontario Association of Medical Radiation Sciences
Canadian Association of Medical Radiation Technologists

Language Proficiency:
Do you have a high degree of proficiency to read, write and speak English? Yes
Do you have a high degree of proficiency to read, write and speak French? No

References:
1. Suzanne McGurn
Assistant Deputy Minister & Executive Officer
Ontario Public Drug Programs Division
Ministry of Health and Long-Term Care

suzanne.mcgurn@ontario.ca
416-327-0902

2. Thomas Corcoran
Chair, Health Professions Regulatory Advisory Council
56 Wellesley St W.,
12th Floor
Toronto, Ontario, Canada
M5S 2S3
tcorcoran@nexgenrx.com
416 695 3393 x804

3. Rocco Gerace
Registrar, College of Physician and Surgeons of Ontario
80 College Street
Toronto, Ontario M5G 2E2
rgerace@cpso.on.ca
416-967-2600

Additional Info: The mandate of the Task Force for the Development of Standards for X-Rays directly affects the practice of medical radiation technologists (MRTs). MRTs apply ionizing radiation to patients on the order of a physician or other authorized health professional. The scope of practice for the profession of medical radiation technology as set out in the Regulated Health Professions Act (RHPA), refers to the use of ionizing radiation for the purposes of diagnostic and therapeutic procedures. The regulatory framework for the ordering and application of ionizing radiation is fundamental to the practice of MRTs while providing diagnostic imaging and radiation therapy services to the public of Ontario.

The Council of the College of Medical Radiation Technologists of Ontario has directed me, as the Registrar & CEO, to apply for appointment to the Task Force. Given my extensive education, knowledge and experience in safety and quality standards, and the legislative framework for the use of conventional X-ray machines, CT scanners and fluoroscopy, I am uniquely qualified to provide valuable input to this important policy initiative. I look forward to contributing to the work of the Minister's Task Force.

Selected Agencies

No	Agency Title	Position	Competition #
1	OTHER	MEMBER (FULL-TIME)	Task Force for the Development of X-Ray Standards, Ministry of Heatlh and Long-Term Care

<< Edit **Print Form** **Submit**

Linda Gough

From: Louise Clément <Louise.Clement@healthstandards.org>
Sent: October-26-17 11:33 AM
To: fcouillard@camrt.ca; iwilli@cogeco.ca; info@cscp.ca; Pierre.Poirier2@ottawa.ca; pierre.poirier@paramedic.ca; registrar@panb.ca; Tim.Essington@collegeofparamedics.org; jmesserlepage@collegeofparamedics.sk.ca; Tom Hayward; dzcomet@hotmail.com; Kstone@acmdtt.com; Linda Gough; julieavery@nsamrt.ca; debbieschatz@samrt.org; acromp@otimroepmq.ca; president@nbamrt.ca; registrar@cmlta.org; cjmartin1234@hotmail.com; exec.dir@ssmlt.org; acollette@optmq.org; adam@cmltm.ca; ChristineN@csmls.org; kwilkie@cmlto.com; jocelyn.zurevinsky@saskatoonhealthregion.com; registrar@nscmlt.org; office@nbsmlt.nb.ca; sredpath@Michener.ca
Cc: Sarah Ingimundson; Sébastien Audette
Subject: EQual Canada Update - Program Client critical mass reached

Dear Colleagues,

On behalf of HSO and Accreditation Canada, Sebastien and I are pleased to announce that we have reached the Program Client critical mass required to proceed with the development of the *EQual* Canada program. Now that this important milestone has been reached, we will publicly introduce the *EQual* Canada program in the coming weeks and create a web page with more information for interested parties.

Sarah Ingimundson has joined Accreditation Canada as Director of *EQual* and will be responsible for leading the operations team that will support both educational programs and surveyors throughout the accreditation process.

Sarah previously held the position of Senior Program Manager at Conjoint Accreditation Services and her experience and knowledge of the Conjoint Program is enabling us to ensure a smooth transition of accreditation services for *EQual* clients as well as the surveyors having an interest to continue participating in the accreditation process.

As a next step in the transition process, the *EQual* operations team will be sending client agreements to existing Conjoint Accreditation Services client organizations. This process is set to unfold over the next week.

Please do not hesitate to contact Sarah if you have any questions about the delivery of accreditation services. Sarah can be reached by email at sarah.ingimundson@healthstandards.org or by telephone at 613 738-3800/ 800 814-7769 ext 315.

Warm regards,

Louise and Sébastien

Louise Clément
Executive Director, EQual
Accreditation Canada

Sébastien Audette
President, Global Programs
HSO

November 2, 2017

To: EQual™ Canada Program Clients

RE: Program Council Inaugural Meeting – January 2018

Dear Program Client,

Thank you for joining the EQual™ Canada Allied Health Education Accreditation Program ("EQual™ Canada"). We are excited to work with you to build the next generation of health education accreditation services.

As a Program Client, your organization is entitled to appoint one representative to sit on the Program Council, the governing body of EQual™ Canada. The Program Council will ensure that the accreditation program is responding to the needs of professional associations, regulators and educational programs. Members of the Program Council will also influence the design of EQual™ Canada through the program design and approval process.

In preparation for the first Program Council meeting in January 2018, HSO requests that you review the following details and provide additional information where requested.

- **Appointment of Program Council Representatives**

Each Program Client is invited to appoint **one** official representative to the Program Council who will attend meetings and represent your organization. Please kindly fill out the information in the table below on who will be your official representative and forward it to the attention of Alexandra Shirokova (alexandra.shirokova@healthstandards.org) by **November 17, 2017.**

Name	Title	Contact Info

- **Appointment of Executive Committee Members**

Note that during the Program Council meeting, five ("5") members will be elected to sit on the Program Council Executive Committee. One of the five Executive Committee members will be appointed as a Chair.

HSO invites you to prepare ideas on nominations in advance of the Program Council meeting. These nominations will be officially discussed and voted on during the Program Council meeting in January 2018.

Please note that no profession can have more than one representative on the Executive Committee.

- **Recommendation for the Standards Technical Committee**

To ensure successful and timely operation of the Standards Technical Committee to develop and approve the Allied Health Education Standards, HSO invites you to submit recommendations for the professional association and provincial regulator representative members of the Committee.

HSO will review recommendations, conduct interviews and select eight ("8") representatives of the Program Council membership: four ("4") from professional associations and four ("4") from provincial regulators. In selecting Technical Committee members, HSO strives to balance professions, roles, geography and expertise in concert with the public recruitment process that is underway for consumer (students and recent graduates) and user (personnel from educational institutions and programs) Committee members.

Please note that meetings of the Standards Technical Committee will be conducted in English.

Please kindly fill out information on proposed Technical Committee members, **supported with their resume**, in the table below and forward it to the attention of Alexandra Shirokova (alexandra.shirokova@healthstandards.org) by **November 17, 2017**.

Name	Title	Contact Info	Resume Attached (Yes/No)

- **Terms of Reference (TORs)**

Prior to the official Program Council meeting, HSO invites you to go through the Program Council TORs and the Program Council Executive Committee TORs that were included in the program description that accompanies your program client agreement. Both sets of TORs were collaboratively developed, reviewed and adopted by HSO and the Allied Health Working Group. The TORs will be discussed and amended, if needed, during the Program Council meeting in January 2018.

- **Meeting Details**

HSO is looking forward to hosting the first Program Council meeting. The meeting will take place virtually, via a webinar, set up by HSO on either of the suggested three dates: **January 17**, **18** or **19, 2018**. Once your representative is confirmed, we will contact them to determine their availability on those dates.

Please note that a quorum of 75% of voting members needs to be reached for any Program Council decision to be accepted.

HSO is pleased to have you on board with us in ensuring and developing high standards for allied health professions. Please do not hesitate to contact Alexandra Shirokova (alexandra.shirokova@healthstandards.org) if you have any questions about the Program Council and its activities.

Thank you for your cooperation, and we are looking forward to working closely together.

Kind regards,

Sebastien Audette

President, HSO

Program Council Terms of Reference

I. Mandate

The Program Council ensures the *EQual Canada* Program (the "Program") is developed, implemented and maintained in a manner that ensures the educational programs sufficiently prepare individuals for competent, safe and effective practice at entry level. It is responsible for ensuring that the accreditation program is responding to the needs of the professional associations, regulators, educational programs and students with regards to the quality of health education programs. The Council ensures linkages between the HSO, Accreditation Canada and Program Clients. The Program Council offers advice and recommendations on the accreditation of educational programs.

The program Council achieves its mandate through:

- Influencing the design of the *EQual Canada* Allied Health Education Accreditation Program
- Electing an Executive Committee and approving its Terms of Reference.

II. Membership

Voting Members
Each Program Client may appoint one individual to the Program Council. The Program Council membership shall be no larger than the sum of the Program Clients.

Program Clients are organizations that:

- are contractually bound to participate in the *EQual Canada* program and contribute financially to its operating costs represents an allied health education national professional association or a provincial regulator
- have formally accepted the terms and conditions of the Program Council terms of reference
- may have influence, authority or regulatory power for the selection of an accreditation program and allied health education standards

Observing Members
Observing members include the Canadian Association of Allied Health Programs (CAAHP), Accreditation Canada and/or HSO.

III. Roles

Chair:
The Chair is an elected representative with voting privilege of the Program Council. The Chair must:

- Ensure that meetings are efficient and effective
- Resolve conflicts and strive to achieve consensus

- Approve the draft minutes and relevant documentation sent following a meeting

Voting members:
Voting members must:

- Make decisions[1] based on the recommendations put forth by the Executive Committee
- Accept and endorse the standards created by the Technical Committee
- Recommend Technical Committee members to HSO
- Appoint a member to the Accreditation Decision Committee, which may vary depending on the nature of the activity to perform (eg. decision, appeal)

IV. Operations

Meetings
Meetings will be done virtually through teleconferences or webinars. At least one meeting will be held per year or more frequently if required, when decisions regarding the *EQual Canada* program are required. A meeting agenda and supporting documentations will be forwarded to all meetings at minimum 3 weeks prior to the meeting date. Minutes from the meetings, outlining follow up actions and resulting time lines will be shared with all members within 10 days after the meeting.

Access to Documents
All members will be sent the documents electronically.

Decision Making
Decision making by the Program Council is consensus based. The Program Council reviews and makes decisions regarding the *EQual Canada* program, informed by the proposals and recommendations put forward by the Steering Committee.

Decision making is inclusive and participatory by allowing all voting members involved to contribute to the discussions and decisions required. It is collaborative through engaging Program Council Members in developing recommendations, either through direct participation or through nomination of individuals to participate in necessary steering committees. The Program Council may also be engaged in co-design sessions to identify direction or guidance.

The Council will attempt to achieve full agreement on a decision whenever possible.

a) In the situation, where full agreement is not achieved

While the goal is to have full agreement, when that is not achieved the decision rule[2] applied will be a super majority threshold[3].

b) In the situation that the decision rule is ineffective to make a decision

[1] Decision making by the Program Council is based on the Consensus Oriented Decision Making (CODM) model.
[2] Decision Rule means the level of agreement necessary to finalize a decision.
[3] The super majority threshold required to make a decision is 70% of the voting members voting affirmative on the decision.

On rare and extreme occasions where the level of agreement necessary to finalize a decision cannot be reached, weighted voting will come into effect to finalize the decision.[4]

c) Voting and Quorum

For decision to be made, there must be a quorum of 75% of voting members either via teleconference. Voting is not allowed via proxy.

d) In the situation where one member has a request

In the situation, where the Program Council has decided not to adopt an item or component into the *EQual Canada* program, but one member would still like to request it be developed for the program for use in their jurisdiction, this would be assessed and an addendum to their specific agreement would be prepared between HSO and the member.

This request cannot be made to reverse a decision of the Program Council. For example, if the Program Council has made a decision that certain items will be a core component of the *EQual Canada* program, the individual member cannot request a customization to remove it.

Language

The working language of the Program Council and any subsequent working groups established will be English unless otherwise stated.

Review of Terms of Reference

The terms of Reference will be reviewed every three years, unless the Program Council motion during a meeting that a specific term requires updating to reflect a change in the program or a change in practice.

V. Expectations of Members[5]

Feedback and Consultation with Education Programs

It is the responsibility of each Program Council member to establish their own feedback/consultation model with the education programs that fall within their jurisdiction. This is necessary to ensure the member is informed by the needs of the education programs they represent.

***EQual Canada* Representative Staff**

It is expected that the input provided through the Program Council member is representative of their National professional organizations and/or Provincial regulatory bodies and that the representative appointed to sit on the *EQual Canada* Program Council is speaking on behalf of all staff at that entity. It is strongly recommended that Program Council member have a feedback model for staff.

[4] In the rare case where the threshold cannot be met, a last resort to resolve conflict is weight the members' votes based on size category at the end of the last year fiscal year. However, through the CODM model, the steps taken prior to the agreement necessary to finalize a decision should address any members' underlying concerns.

[5] Applicable to Voting and Associate Members

VI. Desired Outcome

The desired outcome is to have consensus based decision making among all Program Council members who are Program Clients of the *EQual Canada* program on core elements of the program that will be common across jurisdictions.

1150, chemin Cyrville Road, Ottawa, Ontario K1J 7S9 Canada
Tel/Tel : 613-738-3800; 800-814-7769 Fax/Téléc. : 613-738-7755, 800-811-7088

ACCREDITATION
AGRÉMENT
CANADA

Program Council Executive Committee
Terms of Reference

I. Mandate

The Program Council Executive Committee (the "Executive Committee") acts as communication liaison between the Program Council, HSO and Accreditation Canada. Voting members are elected from the Program Council members and collectively represent the Program Council rather than their individual profession or regulatory body. The Executive Committee provides advice and assists in issue resolution, taking on work that may require a more immediate decision or in lieu of the Program Council. It is accountable to the Program Council and is committed to providing support to the Program Council as required.

II. Membership

Voting Members
The voting members of the Executive Committee are five individuals elected from members of the Program Council.

Membership:

- At least one representative from a National Program Client
- At least one representative from a Provincial Program Client
- No profession can have more than one representative

Terms of membership:

- Each member is elected for a 2-year term, renewable once (ideally terms should be staggered)

Observing Members
Observing members might include representatives from Accreditation Canada and/or HSO who are involved in the *EQual Canada* program.

III. Roles

Chair:
The Chair of the Executive Committee is also the Chair of the Program Council and is elected from the members of the Program Council. The Chair must:

- Ensure the meetings are efficient and effective
- Strive to resolve conflicts and achieve consensus
- Approve the minutes and relevant documentation sent following a meeting

Executive Committee:
The Executive Committee must:

- Make recommendations to the Program Council in collaboration with HSO regarding all aspects of the *EQual Canada* program
- Act as the second-level appeal body to the Accreditation Decision Committee
- Review progress of program development performed by HSO and accreditation services implementation performed by Accreditation Canada
- Provide guidance to the Program Development Team and the Operations Team when requested
- Make strategic decisions about the *EQual Canada* program when delegated authority to do so from the Program Council

IV. Operations

Meetings
Meetings will be done virtually through teleconferences or webinars or when needed or face-to-face. At least two meetings will be held per year or more frequently if required. A meeting agenda and supporting documentations will be forwarded to all members at minimum 3 week prior to the meeting date. Minutes from the meetings, outlining follow-up actions and resulting timelines will be shared with all members within 10 days after the meeting.

Access to Documents
All members will be sent the documents electronically.

Decision Making
Decision making by the Executive Committee is consensus based.[1] The Executive Committee reviews and makes decisions regarding the *EQual Canada* program, informed by the proposals and recommendations put forward by its members.

Decision making is inclusive and participatory by allowing all voting members involved to contribute to the discussions and decisions required. It is collaborative through engaging Committee members in developing recommendations.

The goal is to attempt to achieve full agreement on a decision whenever possible. If needed, the Executive Committee will resort to a majority vote.

Language
The working language of the Executive Committee and any subsequent working groups established will be English unless otherwise stated.

Review of Terms of Reference
The Terms of Reference will be reviewed every three years, unless the Program Council decides that a specific term requires updating to reflect a change in the program or a change in practice.

[1] Consensus based decision making model based on the Consensus Oriented Decision Making (CODM) model.

V. Feedback and Consultation with Education Programs

It is the responsibility of each Executive Committee member to establish their own feedback/consultation model with the education programs that fall within their jurisdiction. This is necessary to ensure the member is informed by the needs of the education programs they represent.

CITIZEN ADVISORY GROUP MEETING REPORT

SATURDAY, OCTOBER 21, 2017

College of Physiotherapists of Ontario Offices
800 – 375 University Ave, Toronto ON M5G 2J5

10:00 a.m. – 4:30 p.m.

Facilitator: Misha Glouberman

TABLE OF CONTENTS

WELCOME AND OPENING EXERCISES

The meeting was opened by Misha Glouberman, who welcomed the attendees and introduced Lisa Pretty, Citizen Advisory Group Partnership Chair and Communications Director of the College of Physiotherapists of Ontario.

Lisa gave a brief overview of purpose of the Citizen Advisory Group (CAG). The Group was initiated almost two years ago by the College of Physiotherapists of Ontario to provide a way to connect with the public. Building on the success of that College, a partnership of nine Colleges (of the 26 health regulatory Colleges in Ontario) was formed and the Citizen Advisory Group was expanded.

Colleges' governing Councils are made up of professionals, appointed public members, and sometimes representatives of educational programs. The public members are important, but it is important, too, for Colleges to hear directly from patients and caregivers who have hands-on experience with the healthcare system in Ontario. Colleges need to hear directly from patients or their caregivers about their experience.

CAG members were reminded that Colleges exist to protect the public interest. The conversations held with the Citizen Advisory Group have tremendous value for health regulatory Colleges as the Colleges serve their role as protectors of the public interest, ensuring healthcare professionals provide safe, competent, and ethical care.

Participants formed small groups and were assigned warm-up topics for discussions as the meeting began.

OPENING EXERCISES

Participants were asked for their thoughts about why they were at this session. Feedback included the following:

- improving patient experience
- looking for positive change
- making a change outside this group
- hearing other perspectives
- understanding boundaries of right/wrong
- advocating for those who don't have a voice
- understanding the expectations of the people who brought us together

Participants were then asked to share their thoughts about what would be important to remember throughout the day. The following was offered:

- respect for others' opinions and diversity of opinions
- lots of opportunity for discussion and good use of time
- having opinions heard and things actually happening because of the opinions that were shared
- validation that opinions are considered and taken seriously, not just "for the record"
- serving the needs of the Colleges as well as the needs of the group
- important to be heard and valued

CONFIRMATION OF CONFIDENTIALITY

It was agreed by all that participants are accountable for respecting what goes on at this meeting and that they will appropriately maintain confidentiality of all parties, including sharing information from work with other organizations or personal situations. It was also agreed that it is helpful to share what happens at CAG meetings, generally, in the spirit of transparency and openness, a value that is also held by Colleges.

A policy of "We are all adults" was formed: if something is confidential, it should be carefully shared and noted to be confidential, and CAG members should not share names or situations that could identify an individual outside of the meeting.

The reports from CAG meetings will be public documents, but comments and discussions will not be attributed to any particular person.

CONFIRMATION OF TOPICS

Definition of a Patient: Sponsored by College of Occupational Therapists of Ontario, College of Physiotherapists of Ontario, and Ontario College of Pharmacists

Quality Assurance Programs: Sponsored by College of Naturopaths of Ontario and College of Physiotherapists of Ontario

DEFINITION OF A PATIENT

The definition of a "patient" has become even more important to all health regulatory Colleges since the introduction of Bill 87, *the Protecting Patients Act, 2017* which has a focus on protecting patients from sexual abuse by healthcare professionals. Defining a patient too broadly or too narrowly could cause problems, and there are serious consequences for a healthcare professional who enters into a physical relationship (defined by the legislation or more strictly by individual Colleges) with a "patient".

GENERAL INPUT FROM THE CITIZEN ADVISORY GROUP

Why does getting the definition of "patient" right matter?

- For vulnerable patients, an encounter with a healthcare professional could become uncertain and unsafe.
- The public assumes that it is a "safe space" with a healthcare professional and if the professional steps outside that "space", it could be traumatic.
- Some patients might "manipulate" the situation.
- Ambiguity of boundaries: what is the cut-off of time – is it a five-minute encounter with a one-hour interaction?
- Having a clear definition is important.
- The professional might feel they are hemmed in (e.g., they can't hug anyone) and/or they are afraid to give advice or may be construed in giving advice to avoid a "patient" relationship.
- Would the creation of a "contract" between patients and healthcare professionals be helpful? It could outline what is allowed, like a consoling hug or culturally appropriate kisses on both cheeks.
- Too narrow a definition is positive for health professionals as they are more protected but there is a downside for patients.

SCENARIOS WITH OCCUPATIONAL THERAPISTS (OTS)

SCENARIO 1:

A woman goes to a store to find information about installing safety rails in the bathtub to prevent a fall. The salesperson at the store is an occupational therapist (OT). Is the woman a patient of that OT?

Majority vote – not a patient

CAG reasons why the woman is not a patient:

- Professional sales capacity – not doing OT work there
- The individual did not identify themselves as an OT.
- The woman was not seeking OT supplies.

- The woman did not ask specific questions about her individual needs; therefore, she was not getting OT advice.

CAG reason the woman is a patient:
- An OT is professional; the woman is seeking information about the installation of safety rails. She is seeking advice from a professional. This is the type of advice an OT would dispense.

CAG members who did not vote:
- Was the salesperson hired as an OT?
- If the salesperson is an active member, then she would be held to the standards of her profession.
- Was the OT acting as an OT in the store? Without knowing the type of information noted above, it is hard to answer.

SCENARIO 2:
If a person attends a drop-in education session on arthritis run by an OT in a local community centre, are they a patient/client?

Majority vote – not a patient

CAG reasons why the woman is not a patient:
- They are holding an information session, not providing treatment.
- In a room with 200 people with an OT presenting about OTs, it doesn't make the attendee a patient.
- If a healthcare professional tweets, would all Twitter followers be patients?
- The contact is not direct or individualized.
- This is education and not therapy and, while OTs do provide education, it doesn't apply to a group like this. Individualized education might change things.

CAG reason the woman is a patient:
- The OT is giving a service and providing information, as well as giving professional information to do with the profession. As a professional, if you gave wrong information, that would have an impact (e.g., generate a complaint). There is professional accountability.

Additional comments:
- With 200 people in the room, would that be 200 patients?
- "Direct" care implies one-on-one (although there were varying opinions expressed that this is acceptable).
- If the therapist gives information and if something goes wrong, they are responsible. This is a drop-in session, though, and that might make a difference.
- The drop-in format is anonymous; if it's a conference with sign-in, names provided, opportunity for follow up, etc., there is direct correlation between giving advice.

- How does the patient identify? Do they identify as a patient? If they do, the healthcare professional must treat them as a patient.

SCENARIO 3:
A grade one student is receiving occupational therapy services at school in the classroom. Is the student's parent a patient?

Majority vote – a patient

CAG reasons why the parent is a patient:
- The 6-year old child is a minor, not responsible.
- The student cannot make decisions by him/herself.
- The parent is accessing the services of the OT to help their child; they are the "client".

SCENARIO 4:
A man is receiving services in the hospital as an in-patient, following a stroke. Is the man's daughter considered a patient? Does it matter if the patient is able to make decisions on his own or if he requires his daughter to make decisions for him?

Majority vote – the daughter is a patient if the father can't make decisions/if the daughter is not making the healthcare decisions for the father (i.e., does not have power of attorney), she is not the patient

CAG reasons why the daughter is a patient:
- If the man can make decisions on his own, he is not the patient.
- Under the current definition, the patient may be a family member (i.e., the daughter).
- It doesn't matter whether the patient can make their own decisions because if the daughter is integral to the care team, she is a "patient".
- An OT cannot share confidential information with someone who hasn't been given a right to receive that information by the patient. There are rules of law about that.
- You can't date anyone who is part of the care team.

CAG reasons why the daughter is not a patient:
- If you give another person power to make decisions and the OT recommends something and your daughter, who doesn't have that power, disagrees, it could get "murky". And then what if the OT wanted to date the daughter?
- Unless there is some kind of formal relationship between the client and family involved with their consent, there is no personal connection.
- As an example, if you go with a friend to a doctor's appointment, the friend is not a patient.

Additional comments:

- How the patient chooses their caregiver team is a separate question. A professional should not be allowed to have a relationship with a member of a caregiver team who can make decisions for the patient.

SCENARIO 5:
An OT is asked by an insurance company to complete a review of a young man's health record to determine what health care services may be required in the future. If the OT never meets the individual in person, is the individual a patient of that OT?

Vote split: 1/3 for "patient", 1/3 for "not a patient", 1/3 "not sure"

CAG reasons why the person is a patient:
- If the OT has had access to a patient's personal information, it would be invasive to have a romantic relationship. Dating someone who has access to your personal information seems to be a power imbalance.
- A regular dating relationship may not reveal the personal information that would be found out through the review of health records.
- Could be other information be found out, such as whether the person has lots of insurance coverage? There is a lot at stake and there could be complications.
- If the OT is reviewing the file in the office (and not with the patient in person), they still have all the information; consider that with Telehealth, healthcare professionals are "meeting" you on screen, which is like an in-person interaction.

CAG reasons why the person is not a patient:
- What service did they provide to the patient?
- Is the identity actually identified? It was suggested that it was just broad demographics.
- The client is the insurance company – it hired the OT, not the person whose file is being reviewed.
- If the patient information was anonymized, that makes a difference.

Additional comments:
- Some healthcare providers share cases with each other to provide professional guidance. In this case, if the OT is working for the insurance company, and they go to their peer group to share ideas there are other issues to consider.
- Does the definition of a patient need to be different for different professions?

SCENARIO 6:

An OT runs a weekly group for individuals living with mental health conditions, if the OT only sees the individual in a group setting, is the individual a patient?

Unanimous vote – a patient

CAG reasons why the person is a patient:

- They are the direct recipient of service. (Why did COTO think this was tricky?)

SCENARIOS WITH PHARMACISTS

General discussion:

- "I want all the rights of a patient during those five minutes with a healthcare professional, but waiting a year to date someone I'm attracted to seems too long."
- Consider two definitions: one that applies solely to sexual relationships and one that applies to everyone else. But defining "patient" into two different categories could be problematic (i.e., situations where there is some sliding from one to another).
- Colleges need to educate their members and the public about patient relationships to have it clearly known to all parties.
- For both for the healthcare professional and the public, there needs to be clarity.
- Consider a discussion on sexual relationships versus who is a patient.
- Health care professionals need to have a higher level of duty.
- Is it not just about sexual consent? Does it mean, for example, a patient can't go for coffee with their pharmacist? There is confusion between a sexual relationship and a personal relationship and boundary issues and makes the "patient" definition more difficult.
- Is it feasible that Colleges could have two definitions? Should there be 26 definitions among the Colleges or one for all?
- In small towns, where there is one pharmacy, that makes it tough for the pharmacist.
- If a pharmacist gives information about a medication, in almost all situations, the person getting the information would be a patient. If a pharmacy technician just takes direction, doesn't have access to records, and just supports a transaction, in almost all situations, the person getting the medication would not be a patient.
- Some CAG members saw the personal relationship rule as reasonable and others thought it was extreme.

SCENARIO 1: AT THE COUNTER, FORMAL CONSULTATION WITH A PHARMACIST

You arrive at the pharmacy and approach the counter where you are greeted by a pharmacy staff member. You are not sure if it is a pharmacist or pharmacy technician. You explain that you have some questions about the medication you've been given from that pharmacy and would like to discuss it with someone. The staff member calls a pharmacist to the counter to speak with you. After a brief 3-minute discussion and after having your questions answered, you complete your visit to the pharmacy.

In this scenario, would it be reasonable to say that you are a patient of the pharmacy professional you interacted with? If yes, why? If no, why not? What about if you interacted with more than one professional, such as when the pharmacy technician welcomed you and requested the pharmacist to talk to you for a consultation: would you consider yourself to be a patient of the technician too, or just the pharmacist who provided the consultation? If yes, why? If no, why not?

Majority vote – patient of the pharmacist / not a patient of the pharmacy technician

CAG reasons:

- Considerations need to be given to whether the scenario was related to medication they previously got from that pharmacist.
- The individual is not a patient of the pharmacy technician because the interaction was more upfront customer service and not about providing pharmacy service.
- In some large pharmacies, there is a variety of staff everyone needs to be considered part of the pharmacy team who has access to patients; the person in this scenario then would be a patient of the pharmacy technician.
- People could be considered patients/clients of a "pharmacy". The person is a patient but a patient of whom? Does use of the term "client" or "patient" matter?
- The person wasn't provided with a service, as the technician just directed information and had no access to records.
- Consider where a person walks in and describes a rash to the pharmacy technician, who then refers them to the pharmacist to ask a question; they haven't offered advice but have been exposed to the patient's medical information. They would be a patient as opposed to a situation when the person asks a simple question when no relationship. There is a need for a clear line to be drawn for the definition of a "patient" when a pharmacy technician is dealing with dozens of patients. The counter may help to draw a line – are they behind it or in front of it? That could be a clear line.
- When a drug is explained to a person, is it the pharmacist who explains it? Pharmacy technicians can fill the prescriptions, but can they discuss it with the patient? It was noted that if pharmacy technicians do not discuss the medication, the person getting the medication would not be a patient.
- Pharmacists and pharmacy technicians are under a regulatory body whose rules they have to abide by, and under that umbrella, there are ethical things they have to adhere to, like not having a sexual relationship with anyone who could be construed to be a "patient".

SCENARIO 2: IN THE AISLE, INFORMAL CONSULTATION

You visit a pharmacy and are looking at common pain killers available without a prescription off the shelf. You are not sure about the difference between ibuprofen and acetaminophen and have a question about which would be the best product for you. You see someone from the pharmacy walking down the aisle towards you and stop him/her to ask the question. The staff member (you are not sure if it is a technician or pharmacist) provides you basic information about the differences of the two medicines and how they are typically used and you feel satisfied with the answer. You then make your way to the cashier to complete your purchase.

In this scenario, would it be reasonable to say that you consider yourself to be a patient of the pharmacy professional you interacted with? If yes, why? If no, why not? Is there anything about this situation that would need to change to make you feel like you were a patient?

Vote – split between patient and not a patient of pharmacy professional

CAG reasons:

- Not an established patient/pharmacist relationship for this type of interaction.
- Over-the-counter assistance was provided and it is a coincidence that the individual was seeking the opinion of a licensed professional. (It could have been anyone but a stock person shouldn't be answering drug-related questions and should help the person find a pharmacist.) It would not be a patient.
- Pharmacists should be identifiable with their "little white jackets"; people would go to the counter for advice if they needed it. These would be patients.
- Is there a difference between something being prescribed and buying something off the shelf when it comes to pharmacists' duties?
- The customer doesn't know if the person walking by is a pharmacist.
- If a person explained products to a customer, the customer would likely make a decision based on that. That would be a patient.
- It doesn't matter if the medication is over-the-counter or prescription; the person interacting with the public has to have knowledge and people would be patients when they get information about medication.
- "It feels draconian to tell someone (a pharmacist) they can't date a person if they've answered a question about aspirin."
- You should consider that you are a patient of everyone on the "team" who has access to your information.
- It might be a "patient relationship" if a pharmacist uses his/her knowledge to give information about aspirin, but it did not seem appropriate to prevent a relationship evolving with just this interaction.

SCENARIO 3—NOT YOUR 'REGULAR' PHARMACIST

You've just visited an after-hours walk in clinic and received a prescription that you'd like to have filled right away. Your regular pharmacy is closed and so you visit a nearby pharmacy to have your medication dispensed. You have no questions for the pharmacy staff. You are dispensed the medication and are provided a review of the medication including instructions on how to take the medicine and receive summary of potential side effects before you leave. You complete the visit to the pharmacy and plan to update your regular pharmacist the next time you visit him/her.

In this scenario, would it be reasonable to say that you consider yourself to be a patient of the pharmacy professional you interacted with even if it isn't your regular pharmacist/pharmacy? If yes, why? If no, why not?

SCENARIO 4—THE CALL

Same scenario as above, except that instead of visiting the pharmacy to dispense medication, you call the pharmacy for an over the phone consultation about a prescription medication that was given to you by your regular pharmacist (who is currently not available). The staff member who answers gets the basic details from you but then asks the pharmacist to speak to you to help answer your questions. After a 2 minute conversation, you feel you have the information you need and thank the pharmacist for his/her time and conclude the call. You plan to update your regular pharmacist when you see him/her next. In this scenario, would it be reasonable to say that you would consider yourself to be a patient of the pharmacy professional you interacted with over the phone, even if it isn't your regular pharmacist? If yes, why? Both professionals or just the pharmacist who provided the consultation? If no, why not?

The above scenarios were felt to have been addressed in the earlier comments. No additional input was provided into these scenarios specifically.

Other comments:

- To a regulator, it seems reasonable that if it is a patient interacts socially, regularly, with their healthcare profession, that professional should discharge the patient. (Half of the CAG agreed.)
- A diversity of opinion on friendships with a patient were noted. ("It's all good until things go wrong.")

CONTINUING COMPETENCY AND QUALITY ASSURANCE

PROFESSIONAL DEVELOPMENT AND CONTINUING EDUCATION FOR REGULATED HEALTH PROFESSIONALS: EXPECTATIONS FROM THE PUBLIC ABOUT A QUALITY ASSURANCE PROGRAM

A brief introduction about quality assurance (QA) programs, which includes mechanisms to ensure healthcare professionals are able to offer the delivery of safe, competent, and ethical care to Ontarians. All healthcare professionals need to participate in some sort of QA program. These can include continuing education requirements, peer assessments, practice assessments, and more. QA programs are generally focused on ensuring practitioners provide safe, competent and ethical care throughout their careers. They are not focussed on quality improvement per se, but moreso on quality assurance and control. All Colleges have quality standards and Colleges monitor their members: who is performing appropriately and who is under-performing. Different Colleges have different programs in place.

FEEDBACK ON CONCERNS AND EXPECTATIONS REGARDING RECEIVING SAFE, COMPETENT, AND ETHICAL CARE:

- Regarding continuing education (CE) credits, what stops someone from going to a course and then not considering what was presented to make changes things in their practice? Consider making healthcare professionals agree to use new practices when appropriate.
- "It is hard for a participant to fail a CE course." What measures to guarantee learning actually took place are there?
- Continuity and consistency of programs are concerns.
- Even with the healthcare professional having a diploma, a patient wouldn't care about that or if they had their education updated. ("I am only concerned about my daily interaction with my physiotherapist, and how they treat me is what I care about.")
- "Some people say you should change your doctor every seven years. When someone gets his license and starts practising, new stuff comes out and he's too busy in his practice to address them. Where do you find the balance – the patient wants quality of care?"
- It would be good if patients could look up what courses the healthcare professional has actually taken and what kind of education it is (i.e., the patient would want to know if it is a continuous program/course or not). There should be clear information for patients about what to expect in terms of healthcare providers taking courses and being trained.
- A patient's concern is if the treatment they're receiving is effective. Is the professional competent and is what they're doing working?

Poll of Issues Raised – By Votes Received

10 Transparency
13 Therapy effective
2 Can't fail a course
2 Care more about personal relationship
4 Take a course but don't change
5 Continuity of service

FEEDBACK REGARDING WHAT A COLLEGE CAN DO:

- The job of Colleges is to enforce a standard.
- Charter of patient rights could be considered, e.g., patient-focused information re. minimum care they can expect, the training the member has taken, etc.
- The healthcare professional could give statistics on the proposed treatment and its effectiveness (i.e., some information on effectiveness of certain treatments, procedures, etc.). Require statistics on patient results and share them broadly with Colleges collecting that type of information. Different professions could provide information on treatments and their effectiveness.
- OHIP only pays for a standard 10 treatments for many funding blocks; how is this effective and what if the healthcare professional cannot complete their required treatments in that time? Who is responsible for ensuring patients receive the care they need? Concern was expressed about efficacy of treatment, i.e., updating of skills might not be what the patient cares about.
- Patients need to receive benchmarks and targets regarding their treatment plans.
- The peer assessments and self-assessments that Colleges execute should focus on the effectiveness of the care the professionals are providing, i.e. improvement should be seen.
- Colleges could survey patients on the effectiveness of the care being provided and the quality of the treatment plans.
- Make every healthcare professional complete an understandable "form", or treatment plan, for the patient (i.e., diagnosis, here's what we're going to do and the expectations).
- Colleges should be an ombudsman in case of client concerns, taking patients' questions seriously, providing direction, and indicating how they will investigate/report back to the patient. Treat patients as a "customer" if the public interest is truly their concern.

Poll of Issues Raised – By Votes Received

12	College surveying patients on efficacy
8	Clear treatment plan
6	Sharing how effective treatments are
4	Ongoing development through peer and self assessment
3	Poster explaining expectations for patient
3	Enforcing standards
1	Ombudsman on concerns
1	Mandating appropriate treatment length

NATUROPATHS: CONTINUING EDUCATION AND KEEPING SKILLS CURRENT

The CAG was provided with an overview of the current strategies used by the College of Naturopaths of Ontario for its QA program:

- Every year, the member does a self-assessment to identify areas for improvement and the member creates a learning plan to show how they are going to improve, e.g., conferences, online courses, self-study.
- Every 3 years, the member submits CE activities (30 credits of core clinical skills and 40 hours of self-directed CE).
- Every 5 years, the College randomly selects members for peer assessment and plans for improvement are created.

FEEDBACK ON ASPECTS OF THE COLLEGE OF NATUROPATHS OF ONTARIO'S QA PROGRAM:

- The majority agreed that the QA program was "sufficient" and approximately 1/3 were "reasonably okay" with what was presented.
- It is good that the member can self-assess and "zero in" on their own practice needs and specify their own training (i.e., focus on their own practice/needs).
- The College approval of courses is positive and sets a universal standard.
- Peer assessment is a good measurement tool but should be more frequent, perhaps no less than 2 ½ years.
- Self-assessment is good, but does the College look at efficacy? Is what the member says they are going to do actually working?
- Ongoing learning is important to ensure naturopaths are staying current.
- The College needs to ensure that a universal standard is applied to everyone.
- In general, self-assessment tools are viewed to be not too strong. Questions should be uniform, and the results should always be sent back to the College for review.
- The self-assessment can be skewed and is subjective and could be unreliable. Could there be a section for someone else to comment?
- There needs to be reliable statistics or data in addition to the self-assessment processes.
- Where is the voice of the patient in the self-assessment process (e.g., survey or College independently seeking input)?
- Peer assessments should be observed in the patient's environment. Some healthcare professionals think they are doing okay and having a peer assessment has real value in demonstrating the need to upgrade skills.
- Show collaboration of the professional with other professionals, which gives the patient confidence that the professional is keeping their skills up-to-date.
- A focus on outcomes needs to be considered.
- There should be random audits, similar to peer assessments.
- Audits should be risk based instead of random and not based on complaints which are lagging indicators.
- How does a College get a handle as to how effective the program is?

Poll of Issues Raised – By Votes Received

13 Input from patient
8 Desire for the self-assessment to go to the College
6 College reviews the self-assessment
3 More focus on outcomes
1 Self-assessment is too subjective
1 Meet with other professionals
0 More often conducting peer assessment
0 Self-assessment should be uniform

Other Comments:

- Unanimous support for random audits
- Majority agreed that Colleges should look at audits of higher-risk professionals, e.g., new practitioners, sole practitioners, people educated outside of Canada and with no Canadian experience
- Who is best qualified to select the appropriate training activities to meet learning needs?
- Majority agree that it would be helpful to have some degree of standardization. Professionals do need to be treated like adults.
- Since the College can't see everything every time, random drop-ins are very important to find out exactly what the professional is doing, i.e., is it up to standard?
- Good courses should be required to be taken.
- There was no consensus on the need for in-person training versus online, but the benefits of in-person training, e.g., asking question to bring clarity, were noted.

WRAP UP

What Went Well?

- Great facilitator
- Group came together well
- Good synergy in the small group discussions; consider shifting groups one more time within the allotted schedule
- People were polite and built on others' ideas
- Open discussions, participants talked freely
- Good mix of patient backgrounds, healthcare, etc.
- Everyone had input
- There was space to disagree, which is important
- Good use of time: sense of accomplishment, views heard, College is listening and not taking over, which is important to the process
- Good food

What can be done Differently?

- More ethnically diverse group
- Provide pre-reading for all topics
- Provide materials sooner to the participants and with more time to review it
- Improve contact with the CAG
- Invitation process had a time lag in accepting the participants
- Voting process was limiting as it had only "top 2" priorities; consider a third priority, or a ranking system
- Spend more time with the broad group (but smaller) rather than breakout groups. It is hard to get collaboration with a large group and easier with sub-groups. Opinions varied about preferences for the broad group or smaller groups, with a but most people like the day's group size.
- It is still early to evaluate how effective the day was.

CLOSING

The process for invitations for future meetings and other opportunities for input was reviewed, noting that CAG member invitations are based on many factors, including having experience with the sponsoring CAG Partner Colleges' members (e.g., "Have you been a patient or caregiver of a physiotherapist who is sponsoring this meeting?"), geographic representation, other demographic permutations.

The participants were thanked for their participation and input.

College of Medical Radiation Technologists of Ontario

Ordre des technologues en radiation médicale de l'Ontario

Post Meeting Evaluations: Council Meeting, December 8, 2017

Please complete after the meeting and give to Linda Gough or Kirusha Kobindarajah

1 = Improvement Needed *(Please explain/suggest improvements in comments section)*
2 = Good/Okay
3 = Very Good

Information for Decision-making	**1**	**2**	**3**
a. The Council information package was received in a timely manner.			
b. Appropriate information was available in advance or at the meeting to support the Council in making informed decisions. Reports were clear and contained needed information.			
c. I had adequate opportunities to discuss the issues presented and ask questions.			
Effective Meetings	**1**	**2**	**3**
d. Agenda items were appropriate for Council discussion. Topics were relevant to the mandate and goals of CMRTO and identified as for information, discussion or decision.			
e. Time was used effectively; discussions were on topic.			
f. We avoided getting into administrative/ management details.			
g. Council members remained focused during the meeting -- avoiding sidebar conversations, responding to emails, etc.			
Directors fulfilling duty of care and diligence and instilling positive culture and values	**1**	**2**	**3**
h. All Council members seemed well-prepared for the meeting.			
i. There was a positive climate of trust, candour and respect.			
j. Council members participated responsibly -- exercising judgement and making decisions with a public interest and fiduciary perspective.			
k. Council members demonstrated the stated values of integrity, fairness, transparency, respect and professionalism			

COMMENTS

Please explain answers/ Make suggestions/ Offer observations:

I'd like more information concerning:

Name please_____

(Optional) Take-away or key learning from this meeting: